Trinity Massage Haven
health • wellness • massage

Health/Lifestyle History

Name_____

Mailing Address (please include zip code)_____

_____

Daytime phone _____

Mobile Phone _____

Email address _____

Date of birth ____/____/_____

Should you choose to continue to receive massage therapy services from Trinity Massage Haven, In what manner would you prefer to be contacted? By phone _____; by email____; by text message _____; no preference, any of these is fine _____

Emergency Phone Contact (Name and Phone) _____

_____

What is your occupation? _____

Had you ever received bodywork before your cancer diagnosis ? _____ If so, what types?

_____

Have you received bodywork since your cancer diagnosis? _____ If so, when and what types?

_____

Do you see a chiropractor? If so, how often?_____

Why have you come for massage today?

_____

Is there anything specific that you hope to achieve through massage?

_____

When were you diagnosed with cancer? _____ What type of cancer? _____

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Where is/was it located? _____

Are you being treated now? Yes No If no, what was the last date of your treatment?

_____

What **treatments** have you undergone or are you currently undergoing? *Please supply dates and types of treatments to the best of your ability.*

_____

_____

_____

Please list any **medications** you are currently taking, in addition to any chemotherapy drugs listed above, and any **side effects** you experience.

Medication **Side Effect**

Did your treatments include any **removal or irradiation of lymph nodes**? *(if yes, please describe)*

To your knowledge, do you have any **site restrictions** due to :

____*incisions, open wounds, dressings*

____*skin condition, rash or sensitivity*

____*medical devices such as IV or ostomy*

____*tumor site* ___ *radiation site(s)*

____*a history of blood clots or phlebitis*

____*bone or spinal metastases* ____*neuropathy*

____*history of fractures* ____*bone fragility*

____*area of infection* _____*other (please describe)* _____

To your knowledge, do you have any **pressure restrictions** due to:

____*history of risk of lymphedema*

____*anticoagulants* ____*low platelet count* ____*bone metastases*

____*steroid medication* ____*fragile/sensitive skin* ____*fragile veins*

____*area(s) of pain or burning* ____*fatigue* ____*recent surgery*

____*infection or fever* ____*other (please describe)* _____

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Do you have any **position restrictions** due to:

____incision ____medicaiton ____ostomy ____tumor site ____difficulty breathing ____tender skin ____swelling or risk of swelling *(any area of the body require elevating?) please describe* _____

medical devices _____

discomfort _____

Has cancer or cancer treatment affected any of the following functions in your body?

___lungs ____liver ____nervous system ____heart ____kidney ____blood counts ____energy level

If yes, please describe _____

_____

General Signs and Symptoms

Check "yes" & add further comments if you have had any of the following sign/symptoms	**Yes**	**No**	**Comments**
Swelling or tendency to swell anywhere in your body			
Sites of pain/tenderness			
Sites of numbness/diminished sensation			
Inflammation			

Specific Medical Conditions

Check "yes" & add further comments if you have had any of the following sign/symptoms	**Yes**	**No**	**Comments**
Skin conditions (rashes, infections, allergies, itching)			
Known **allergies/sensitivities** (Do you use any non-allergenic or physician-approved lotion?)			
Cardiovascular conditions (e.g. heart condition, angina, high blood pressure, ateriosclerosis, phlebitis, thrombosis, etc)			
Liver or **kidney** conditions			
Respiratory or **lung conditions**			
Diabetes			
Arthritis			
Injuries (e.g. disc problems, tendonitis, knee problems, fractures, etc)			
Surgery			
Any conditions NOT MENTIONED			

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How would you rate your **diet**? Very Healthy _____ Somewhat Healthy _____

Not Very Healthy _____ Needs Improvement _____

How much uninterrupted **sleep** do you get each day, on average? _____ none _____1-3 hours ____ 4-5 hours ____ 6-7 hours ___ 8+ hours

If you are having trouble sleeping, what is the primary reason? ____ anxiety ____pain ____outside interruption (family, noise, etc) ____other *(please explain)*_____

On average, how much **water** do you drink each day? (as a reference, a soft drink can contains 12 oz.) Less than one 8oz. Glass _____

More than five 8oz. Glasses _____ Eight or more 8oz. glasses _____

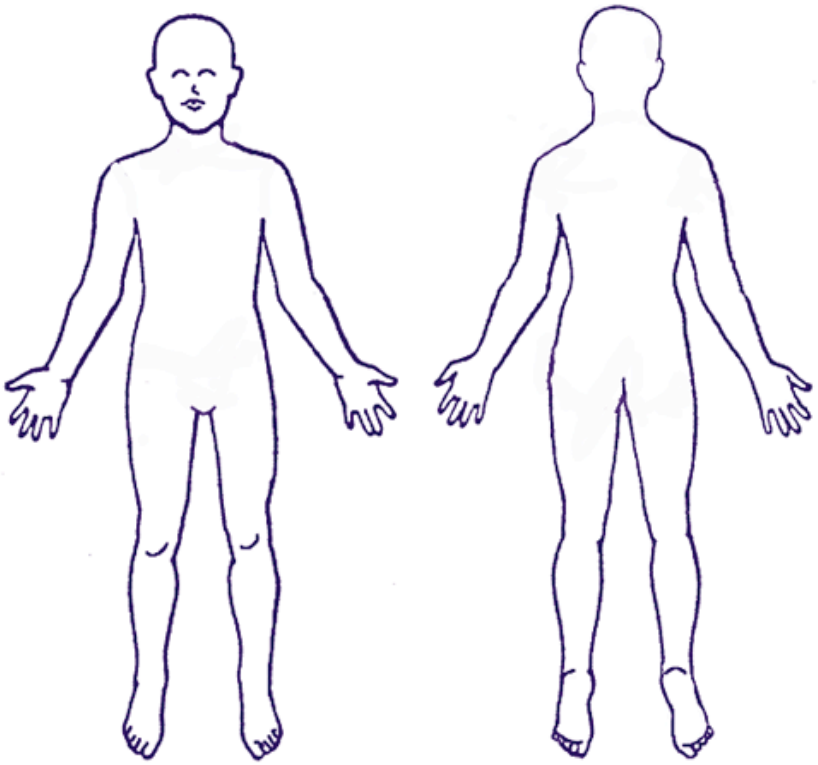
Are you **able to relax**? Yes No If so, What do you usually do to relax?

_____

Is there **anything else** that you think I should know? _____

_____

Please indicate any areas of discomfort or pain on the diagrams below. Rate your discomfort in each area using a scale of 1-10. 1= very mild ; 10= extreme, intrusive pain



Feel free to make notes next to any areas of pain that you feel require explanation.

Thank you!

Statement of Policy

Some Basic Boundaries to Clarify How We Can Best Work Together to Create an Effective, Cooperative Healing Relationship:
I will adhere to the Code of Ethics set forth by the American Massage Therapy Association (AMTA) and maintain a professional and caring environment. ALL information you provide, both written and verbally, will remain completely **CONFIDENTIAL** unless you have signed a "Release of Information" form.
I will treat you fairly and ethically, and will establish an atmosphere of trust, care and decency during each session from the moment you enter my office until the moment you leave. I ask only the same from you.
As a massage therapist, my goal is to assist you in meeting your goals of *relaxation, stress reduction, pain management, body awareness, and integration of mind, body and spirit* as well as any other goals you and I set out that fall within my scope of practice and knowledge. It is important to understand that ***I neither "diagnose" nor "fix" clients***. I am neither trained in, nor practice, the medical sciences.
I reserve the right to refuse or discontinue service at any time, for any reason, in an effort to ensure my own safety and the safety of my clients. You have the same right.

Rescheduling and Cancellation of Appointments:
I understand and respect the hectic schedules that we all keep. I am happy to reschedule appointments when given sufficient notice.
Please give at least 24 hours notice when you need to cancel or reschedule an appointment. Please try to schedule your appointments as far in advance as possible. We all make mistakes and oversights and I am not unsympathetic to emergencies or intrusions of the unexpected. As such, it is my policy that all clients are allowed one "no call/no show" without charge in each calendar year. In the event that this occurs, it will be noted in your file and if it happens again during the same calendar year, you will be charged the regular fee for the session you missed. If you miss/forget about/are unable to keep an appointment, please follow up with me within a week, following the missed appointment to reschedule.

Late and Early Arrivals:
Please be on time for your appointments. However, please be advised that my waiting area is an cozy setting. Punctuality is important, but ***if you arrive more than 5 minutes early, please wait in your car until 5 minutes before our scheduled meeting time***. This allows me to give ample time to the client before you and allows me to prepare for my appointment with you.
If you are running late, kindly take a moment to call. If you arrive late, please know that your session will proceed, minus the amount of time you were late. (i.e. If you arrive 15 minutes late for a 60-minute session, the session will be 45 minutes in length.) In order to honor my commitment to my other clients, there can be no exceptions to this rule.

Office Hours
My Office Hours are by appointment only. Please call or send a text message to 267-584-3015 or email massagebluebell@gmail.com *or visit my site www.massagebluebell.com* to make an appointment. I can be reached between the hours of 9am and 9pm. Please do not call before or after these hours.

Thank you for taking the time to read and adhere to these guidelines. Please feel free to ask any questions at any point during our relationship. I'm looking forward to working with you!

Signature _____ Name _____Date _____