

Name: Birthday:/...../.....
 Address: Postcode:
 Telephone: Mobile: Emergency Contact Number:
 Email:
 Name and contact details of your GP

Please tick all conditions that are currently applicable to you, providing extended information where necessary.

<input type="radio"/> Allergies	<input type="radio"/> Cold sores	<input type="radio"/> High/low BP	<input type="radio"/> Sunburn
<input type="radio"/> Arthritis / rheumatism	<input type="radio"/> Contagious diseases	<input type="radio"/> Kidney problems	<input type="radio"/> Thrombosis
<input type="radio"/> Asthma	<input type="radio"/> Diabetes	<input type="radio"/> Liver problems	<input type="radio"/> Thyroid problems
<input type="radio"/> Athletes foot	<input type="radio"/> Epilepsy	<input type="radio"/> Multiple sclerosis	<input type="radio"/> Varicose veins
<input type="radio"/> Back problems	<input type="radio"/> Fungal nail	<input type="radio"/> Osteoporosis	<input type="radio"/> Verrucas / warts
<input type="radio"/> Blood disorders	<input type="radio"/> Headaches / migraines	<input type="radio"/> Recent operation	<input type="radio"/> Pregnant
<input type="radio"/> Cancer	<input type="radio"/> Heart conditions	<input type="radio"/> Skin disorders	<input type="radio"/> None of the above

Please provide any additional information regarding your medical history:

List any medications and relevant side effects:

When were you first diagnosed with cancer? ___/___/___ Are you awaiting any scan results? Yes No
 Do you currently have any of the following?
 PICC lines Yes No Stoma bags or drains Yes No
 Metastatic tumours Yes No Lymphodema Yes No
 Low platelet count Yes No Venous sclerosis Yes No
 History of peripheral neuropathy Yes No Weakness in hair follicles / hair loss Yes No

Surgery

Have you had any surgery as part of your treatment regime? Yes No
 If yes where?
 Do you have restricted movement in this area? Yes No Are you scheduled for further surgery? Yes No
 Have you had any lymph nodes removed? Yes No If yes where?
 Have you had any bone metastasis* Yes No If yes where?
 Are you in pain? Yes No If yes where?
 Have you had bone marrow or lumbar punctures in the last 6 weeks? Yes No If yes where?
 Have you had a bone marrow or stem cell transplant in the last 13 weeks? Yes No If yes where?

Radiotherapy

Completion date ___/___/___
 Number of sessions
 Area of skin sensitivity
 Any restricted mobility
 Any sensitivity to smells, in particular aromatherapy oils Yes No

Chemotherapy

Completion date ___/___/___
 Number of cycles
 Any continuing sickness Yes No
 Any continuing constipation Yes No

Print Name: Signature:
 Therapist signature: Date:

* contra-indications that may restrict treatment.

Treatment Focus:

Are there any areas you would like particular attention to or to be avoided?

I agree to the treatment being carried out as discussed. Client signature:.....

Date

Treatment

Comment

Date

Treatment

Comment

Date

Treatment

Comment

Date

Treatment

Comment

Date

Treatment

Comment

Date
Treatment
Comment
.....
.....
.....
.....
.....

Date
Treatment
Comment
.....
.....
.....
.....
.....

Date
Treatment
Comment
.....
.....
.....
.....
.....

I acknowledge receipt of the Aftercare Leaflet below Client signature required.



Aftercare Leaflet

Thank you for coming for a massage treatment today.

Aftercare

- Hydrate: please drink plenty of water today and avoid tea and coffee if you can.
- Rest for a while to allow your body to enjoy the natural healing process initiated by your treatment.
- Avoid or limit to short exposure times, any heat treatments such as a hot bath, sauna, steam or Jacuzzi for the rest of the day.
- Avoid alcohol until tomorrow.
- Try to include regular relaxation in your daily routine between appointments.
- Weekly appointments are advised to gain optimum benefit from massage therapy.
- Maintenance appointments - a treatment every 4 weeks is recommended.

Supporting the Amethyst Trust

The Amethyst Trust has been established by beauty and spa experts to give therapists knowledge, competence and confidence to provide massage therapies to those who have experienced cancer.

If you have enjoyed your treatment today please consider making a donation to the Amethyst Trust where we continue to develop opportunities for therapist training.

The Amethyst Trust also works in partnership with the Penny Brohn Cancer Care.

For more information please visit www.amethysttrust.co.uk