

Medical Information

Date of Cancer Diagnosis? _____ Type of Cancer? _____

Location of Cancer? _____ Present Status of Cancer? _____

Name of Oncologist? _____ Date of last visit? _____

Surgery/ Procedure: Type(s) _____ Date(s) _____

Lymph nodes removed? _____ Number: _____ Where? _____

Reconstruction: Date(s)/ Procedure(s): _____

Incision site(s):

Side Effects:

Chemotherapy: Number of Treatments: _____ Beginning Date: _____ End: _____

Number of Treatments: _____ Beginning Date: _____ End: _____

Side Effects:

Radiation: Number of Treatments: _____ Beginning Date: _____ End: _____

Area of Treatment: _____ Nodes irradiated in neck/ armpit or groin? Yes No

Number of Treatments: _____ Beginning Date: _____ End: _____

Area of Treatment: _____ Nodes irradiated in neck/ armpit or groin? Yes No

Side Effects:

Are you currently in pain? Please rate pain on a scale from 1 to 10 (10 being the worst):

Do you have Deep Vein Thrombosis? _____ Where? _____ Filter in place? _____

Did any doctor say anything about lymphedema? Yes No About bone metastasis? Yes No

Have you recently had blood tests? _____ List abnormal values for the following:

Red blood cells:

White blood cells:

Platelets:

Medical Devices (please circle): mediport shunt pump drain breast expander
breast prosthesis urinary catheter colostomy feeding tube (PEG) Other:

Bodymind

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Side Effects: (Circle) current conditions Underline past conditions

GI conditions: Nausea vomiting low appetite mouth sores wt. loss wt. gain
diarrhea constipation

Musculoskeletal: osteoporosis bone pain adhesions incision headache touch
sensitivity decreased range of motion or function pain former injuries fractures
joint problems joint replacement

Nervous System: burn/ itch/ tingle/ prickle/ numbness in arms/ hands/ feet/ legs
memory problems

Skin: Skin infection dry skin fragile skin skin irritation radiation skin reaction
hair loss

Circulatory/ Blood: edema easy bruising low platelet low white count blood clot
excessively cold/ warm lymphedema heart condition high blood pressure lung
condition

General: fatigue depression anxiety allergies systemic infection infectious
condition