

**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:

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Chemotherapy: Number of Treatments: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ End: \_\_\_\_\_

Number of Treatments: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ End: \_\_\_\_\_

Side Effects:

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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:

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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