

Therapist name: \_\_\_\_\_

Your name: \_\_\_\_\_

## Cancer treatment information

**What type of cancer do you have or had?**

\_\_\_\_\_

**Are you currently undergoing treatment?**

☐ Yes ☐ No If no, when was your last treatment? \_\_\_\_\_

**Please specify the current stage and any treatments you are receiving**  
(e.g., chemotherapy, radiation, or surgery)

\_\_\_\_\_

## Current health and symptoms

**Current symptoms: Are you currently experiencing any of the following?** (Check all that apply)

☐ Pain or tenderness ☐ Swelling ☐ Nerve sensitivity ☐ Skin changes  
☐ Fatigue ☐ Bone or joint issues ☐ Other: \_\_\_\_\_

**Medications: Are you taking any medications?** (e.g., blood thinners, steroids)

☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**Do you have any allergies?**

☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**Other health conditions: Do you have any of the following?** (Check all that apply)

☐ Heart conditions ☐ Diabetes ☐ Blood pressure issues ☐ Epilepsy  
☐ Allergies ☐ Other: \_\_\_\_\_

**Are you currently pregnant?**

☐ Yes ☐ No If yes, how many weeks? \_\_\_\_\_

## Consent & waiver

I understand that this massage treatment is aimed at reducing symptoms of anxiety, helping with stress management and relieving muscle pain. It is not designed to cure any form of cancer nor to pretend to be part of the treatment plan. However, massage therapy helps relieve general symptoms, and doctors encourage patients to receive massage therapy, if no contraindications occur.

I understand this massage therapy session is intended for general well-being, is not a substitute for medical care, and is strictly non-sexual. I agree to notify the therapist of any health changes that may affect my treatment. Urban's role is to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist from liability related to this session.

Date: \_\_\_\_\_ Client signature: \_\_\_\_\_