

Ministering Touch Massage Therapy

Client information for those undergoing chemotherapy treatments

1. When do you have your treatment and how often?
2. How does it affect you?
3. What has your energy level been like? Your activity and movement level, day to day and week to week? How well do you tolerate activity?
4. Has chemotherapy affected your blood counts at all?
 - Are there any effects on blood clotting? Do you have any bruising or bleeding?
 - Are your white cells affected? Are you vulnerable to infection?
 - Are your red cells affected? Are you anemic?
5. Has chemotherapy affected your gastrointestinal tract at all? In what ways?
6. How has chemotherapy affected your skin?
7. Would you like your head/scalp massaged?
8. Do you have any numbness, pain, or other sensation changes? If so, where?
9. Any effects on neurologic functions/processes like brain fog, trouble with memory, etc.?
10. Do you have a port or other medical device? If so, where?