

Complementary Care Intake Form

Name:

Doctor:

Date:

Tel.#:

Complementary Therapies should be discussed with your physician or nurse.

Please check off any items below so that you can discuss any modifications to these complementary therapies during your chemotherapy. If you need any additional information on these procedures, please let us know.

Massage Therapy_____

Acupuncture_____

Herbal Remedies_____

Chiropractic Care_____

Spa Therapies that include essential oils, heat treatments and body scrubs

Manicures and Pedicures_____

Strenuous exercise_____

Always remember that it is important that the practitioner is aware of your treatment and that they are trained to take precautions to ensure their treatment care doesn't cause you undue discomfort or harm during your treatment for cancer.

This form was developed for CISN by *Antoinette Muirhead, LMT, CLM Instructor*
www.acaringtouchforcancer.com