

Oncology Consultation Form

Title: Mr/Mrs/Ms/Miss Name: _____

Email Address: _____

Mobile: _____ Home Telephone Number: _____

Medical Information

Please Tick any of the following that applies to you:

Skin cancer Muscular Cancer Bone Cancer

Blood cancer Lymph Cancer

Please give more further information and detail type of cancer if not above:

Date of Diagnosis _____

Stage & Grade of Cancer _____

Please tick any of the following that applies to you currently or in the last 12 months:

New pain Current Thrombosis Bone Marrow Transplant

Radioactive seed Increased DVT risk

If you have ticked any of the above, please give details _____

Please tick any of the following that applies to you currently or in the last 12 months:

PICC/Central Line Mastectomy/Breast reconstruction Drain/Stoma Bag

Chemotherapy Lumbar Puncture/bone marrow biopsy

Radiotherapy Surgery/scarring

Hand & Foot syndrome Bone involvement Vital Organ involvement

Lymphoedema

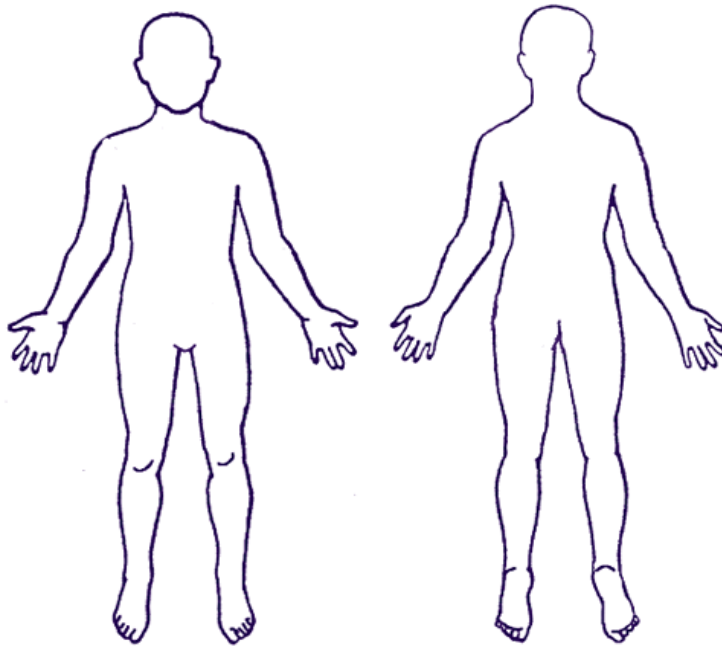
Neutropenia

Clotting issues or low platelet count

Please list any medication you are currently taking:

Have you been given the 'all clear'? Yes/No

Please mark below any painful or swollen sites or any areas you would like us to avoid:



Declaration

Please can you make sure all the information given above is correct, true and up to date. At the Norfolk Mead Hotel treatment rooms, we will not be held responsible for any consequences of being given false information or no information at all, which may affect specific treatments. All treatments are for general purposes and not intended for substitution of medical procedures.

Please note: We will never share your personal information with any 3rd parties and all information supplied will only be used for the purpose of your treatment, All personal information is only accessible to our Therapists and Reservation teams. You may view your personal file at any time via our Therapists.

Guest Signature: _____ Date: _____