

Oncology Physician's Release Form

Dear Physician:

Your patient would like you to read and sign this form. It is the policy of The Spawell Group, LLC dba Spawell to have this form signed for all clients currently in cancer treatment or between treatment, and those whose last treatment occurred within the past one year. Thank you for completing the form below.

Specially trained massage therapists will administer strokes for the purpose of relaxation and comfort. The session will be specially adapted to the needs of the client. When designing the session, the massage practitioner will honor, among other medical issues, the following:

- Sites affected by surgery, radiation, IVs, skin conditions, pain, edema or bone involvement. (The therapist will avoid strong pressure on these sites. If there has been any lymph node dissection or radiation of lymph nodes **with risk of lymphedema**, the therapist will not use pressure on the distal extremity or trunk quadrant, and, if needed, the limb will be elevated during the massage.)
- Low platelet levels, easy bruising. (The massage therapist will use gentle skin contact instead of pressure.)
- Side-effects of treatments including chemotherapy and radiation therapy. (The therapist will work gently in order to avoid aggravating fatigue, nausea, skin changes, etc., and will adapt other elements of the session to any presenting side-effects.)
- Any risk of deep vein thrombosis, secondary to malignancy, inactivity or cancer treatment. (The massage therapist **will avoid use of pressure on the lower extremities if there is any risk of thrombosis in those areas.**)

It is our experience that clients appreciate the effects of massage therapy. They say they have improved sleeping, less pain and suffering, improved general relaxation, a reduction in nausea and vomiting, less anxiety, and an improved state of mind and well being .

_____ has permission to receive therapeutic massage (print name of patient here) as described above.

I have read through the common massage therapy adjustments above. **I have circled the relevant issues for this patient.** Any additional concerns I have are described below:

Physician's Signature

Date

Print Physician's Name