

HAND or FOOT MASSAGE

Designed to enhance feelings of well-being and create a sense of deep relaxation.

NAME: _____

What are you being treated for? : _____

Have you had any Lymph Nodes : RADIATED REMOVED WHERE?: _____

Are you experiencing any Pain? : NO YES WHERE?: _____

Are you experiencing Fatigue? : NO YES WHEN?: _____

Are you experiencing Neuropathy? : NO YES WHERE?: HANDS FEET BOTH

Do you have any Skin Conditions? : NO YES WHERE?: HANDS FEET BODY

Do you have Hand & Foot Syndrome? : NO YES

What is your Major Complaint TODAY? : _____

DATE: _____ INTAKE BY: _____ MESSAGE BY: _____

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