INVITATION - FREE ONCOLOGY MASSAGE!

Are you a cancer survivor who would like to experience an oncology massage? Our licensed massage therapists are participating in a three-day Oncology Massage Foundation continuing education class that is nationally approved by the National Certification Board of Therapeutic Massage and Bodywork and Society for Oncology Massage. To fully integrate what they have learned they need YOU to be a client volunteer in a classroom setting Client Clinic.

An oncology massage is a gentle, safe, and therapeutic massage that is modified to take into consideration any side effects from cancer treatment and risk of lymphedema due to lymph node radiation or removal. This experience is entirely free to you and only requires a 90-minute commitment to participate in a massage intake session, 60-minute massage and short exit feedback form. The clinic is held in a classroom setting with your privacy and comfort as our main priority. Here are the details:

Who: Any person in treatment for, or with a history of cancer
Where: Healing Arts Connection Continuing Education Center
1715 W Northern Ave, Ste. 100; Phoenix, AZ 85021
When: Wednesday, January 17, 2018
10:00 am or 12:00 pm

If interested, please make an appointment by contacting:
Mary Ellen info@How2Heal.com or 623.215.7988
You will be asked to complete a short health history so we can customize your massage.

About the instructor:
Jacki Sellers has been an educator for over 30 years, first in the field of music education and performance - including 13 years at Pima Community College (Tucson, AZ) - and now in the specialized discipline of oncology massage. Jacki has been working with cancer patients since 2008, and teaching oncology massage since 2012 as an Approved Educator for S4OM (Society for Oncology Massage) and NCBTMB (National Certification Board for Therapeutic Massage and Bodywork). She is very proud to be Board Certified in massage, bodywork and Manual Lymphatic Drainage.

Because every massage therapist will encounter people with a history of cancer, no matter what type of venue they work in, she feels that all massage therapists need oncology massage education. Jacki’s goal is to see every spa and wellness center offer oncology massage by properly trained therapists.

Patient feedback from oncology massage classes:
“The massage was very relaxing and I was kept well informed!”

“The best thing about today was the relaxation and concern from the students. My back pain, which had been consistent for days went away after the massage!”

“I liked the patience and care, gentle touch of the therapists.”
Oncology Massage Intake Form

NAME:_________________________________ DATE:_____________ DOB:_______

PHONE:___________________ EMAIL:____________________________________

ADDRESS:__________________________________________________________

In case of emergency: _________________________________________________
                      Name and phone

Physician____________________________________________________________
                      Name and phone

The information shared with us for the Client Clinic is for Oncology Massage Foundation course instructor(s) and students only. Your personal health information will not be shared with anyone else or for any other reason.

Liability Release
I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I release Jacki Sellers, Orange County Oncology Massage, and Healing Arts Connection, LLC, the facility hosting Jacki Sellers and Orange County Oncology Massage, its management, employees, contractors, volunteers, and all of its agents from any and all liability, foreseeable or not, now and in the future.

I acknowledge, accept and understand all of the above.

____________________________________________________ Date________________________
Print name

____________________________________________________
Signature
First Name only________________________ Age________ Date_____________,

Have you had a massage before? Yes___ No___ Have you had a massage since diagnosis? Yes___ No___

Type of cancer________________________________________________ Date of Diagnosis_____________

Surgery (date and type)________________________________________________

Radiation (date began/ended)__________________________________________

Chemotherapy (date began/ended)______________________________________

Biologic or Hormone therapy (date began/ended)__________________________

Reconstruction (date and type)__________________________________________

Other treatments________________________________________________________________

Are you pregnant? Yes____ No____

Please place a check mark if you are experiencing any of the following:

Nausea_____ Fatigue_____ Hot flashes_____ Pain or discomfort (where?)________________________

Easy bruising_____ Calf pain_____ Blood clots_____ Anxiety_____ Shortness of breath_____  

Edema (where?)_____________________________________

Lymphedema (where?)___________________________ Metastases(where?)_________________________

Radiation burn (where?)__________________________ Radiated lymph nodes_____________________

Removed lymph nodes (Dissection or biopsy)__________________________________________

Neuropathy (where?)_________________________ Bone Metastasis (where?)_______________________

Tumor__________Medical Devices_______________________ Incisions___________________________  

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