

1. Please list diagnosis and date of diagnosis:

2. Have you had surgery related to your cancer treatment?  Yes  No

If yes, list the date and type:

3. Have you had lymph nodes removed?  Yes  No

If yes, list the location and the number of nodes removed:

4. Are you currently undergoing chemotherapy?  Yes  No

If yes, list the date and type:

5. Are you currently undergoing, or have you had radiation?  Yes  No

If yes, list the date and the location on your body:

6. Do you have any allergies to oils, lotions or ointments?  Yes  No

Which ones:

7. Do you have sensitive skin?  Yes  No

