



# THE ALCHEMY ROOM

## Complementary Oncology Support – Medical Authorization Form

### Dear Consultant / Oncology Nurse Specialist / GP,

Your patient has requested a complementary therapy session at **The Alchemy Room** with Dee, a fully insured and certified **Oncology Reflexology Practitioner**.

Oncology Reflexology is a highly adapted, non-invasive touch therapy designed specifically to work alongside conventional cancer treatments. Our primary focus is symptom management, nervous system regulation, and improving the patient's quality of life.

To ensure absolute clinical safety, we adapt every session to the patient's current medical status. We adhere to strict protocols, including using feather-light pressure, completely avoiding localized medical devices (ports/lines), avoiding areas at risk of lymphedema, and maintaining hospital-grade hygiene standards.

We would be grateful if you could confirm that there are no medical contraindications to this patient receiving gentle, oncology-adapted reflexology.

### 1. Patient Details

- **Patient Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_

### 2. Medical Team Clinical Guidance

*(To be completed by the Medical Professional)*

Please indicate if any of the following apply or require specific adjustments:

- Recent surgery sites (avoid local area)
- Areas at risk of or presenting with Lymphedema (avoid local area)
- Presence of Central Line / PICC / Port-a-cath (avoid local area)
- Bone metastases / Bone fragility (requires extra-light pressure)
- Deep Vein Thrombosis (DVT) risk
- Low platelet counts (contraindication for deep pressure; light touch only)

**Special considerations or timing advice relative to treatment cycles:**

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### 3. Medical Professional Authorization

I confirm that I am aware of this patient's intention to receive oncology-adapted reflexology at The Alchemy Room and see no medical contraindications to them receiving this complementary therapy.

- **Clinician Name (Printed):** \_\_\_\_\_
- **Job Title / Role:** \_\_\_\_\_
- **Hospital / Clinic Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Practitioner Contact Information

If you have any clinical questions regarding the adaptations used during this session, please do not hesitate to contact me. **Practitioner:** Dee (Certified Oncology Reflexologist)

**Phone:** 07871544029 **Email:** [dee@thealchemyroomtherapy.co.uk](mailto:dee@thealchemyroomtherapy.co.uk)

**Professional Body:** Fully insured with the Federation of Holistic Therapists (FHT).

*Disclaimer: The therapies offered at The Alchemy Room are complementary and are not intended to diagnose, treat, or replace medical care.*