

Cancer Rehab Referral Form

<p>Patient's Name: (insert NHS label)</p> <p>DOB/CHI:</p> <p>Address:</p> <p>Tel no:</p> <p>GP / Medical Practice</p>	<p>Name & occupation of person referring:</p> <p>Base:</p> <p>Telephone:</p> <p>Email address:</p>
<p>Aim of referral to Cancer Rehab Programme: (tick all that apply)</p> <p>to improve quality of life <input type="checkbox"/> to combat fatigue <input type="checkbox"/> to improve physical function <input type="checkbox"/></p> <p>weight management <input type="checkbox"/> to improve fitness <input type="checkbox"/> other <input type="checkbox"/></p>	
<p>Diagnosis</p>	<p style="text-align: center;">Treatment</p> <p>Chemotherapy ongoing <input type="checkbox"/> completed <input type="checkbox"/></p> <p>Radiotherapy ongoing <input type="checkbox"/> completed <input type="checkbox"/></p> <p>Targeted therapy ongoing <input type="checkbox"/> completed <input type="checkbox"/></p> <p>Hormonal therapy ongoing <input type="checkbox"/> completed <input type="checkbox"/></p>
<p>Past Medical History</p> <p>Previous MI / Angina / Heart failure <input type="checkbox"/></p> <p>Surgery <input type="checkbox"/></p> <p>Muscle, bone, joint conditions <input type="checkbox"/></p> <p>Diabetes <input type="checkbox"/></p> <p>Respiratory disease <input type="checkbox"/></p> <p>Hearing/visual impairment <input type="checkbox"/></p> <p>Cognitive impairment <input type="checkbox"/></p> <p>Neurological <input type="checkbox"/></p> <p>Other relevant:</p>	<p>Surgery: ongoing <input type="checkbox"/> completed <input type="checkbox"/></p> <p>Other relevant details:</p> <p>Patient Consent (data protection act 1988)</p> <p>I agree to the information in this form being passed to the Cancer Rehab team at Broadbridge Heath Leisure Centre & to being contacted by telephone. Yes / No</p> <p>I acknowledge that all information will be confidential and held at Broadbridge Heath Leisure Centre for the purpose of the Cancer Rehab programme. Yes / No</p> <p>Signed: Date:</p>

Please complete fully and send to beckyrichards@pfleisure.org or post to