

CANCER REHAB EXERCISE REFERRAL FORM



Please complete all sections of the form. Incomplete forms may be returned and your patient may be temporarily deferred until all relevant medical information is received.

PLEASE FAX TO: ATTN HEALTH AND WELLBEING TEAM 01256 302223

| Referring Practitioner Details | | | |
|---|--|---|--|
| Name : | | Organisation: | |
| Address: | | Telephone No: | |
| Patient Details | | | |
| Name : | | Date of Birth: | DD/MM/YYYY |
| Address: | | GP details: (Name/Address) | |
| Telephone No.: | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Referral Reason | Cancer Rehabilitation | | |
| Type of Cancer | | Date of Diagnosis | DD/MM/YYYY |
| Affected Areas | | | |
| Type of Treatment <small>C = Complete O = Ongoing</small> | Chemotherapy <input type="checkbox"/> c <input type="checkbox"/> o | Surgery <input type="checkbox"/> c <input type="checkbox"/> o | Radiotherapy <input type="checkbox"/> c <input type="checkbox"/> o |
| | Other (please specify): | | |
| Other Conditions: (Please List) | Lymphoedema | Diabetes | Hypertension <160/100 |
| | Osteoporosis | Parkinsons | Obesity BMI>30 |
| | COPD | Asthma | Osteoarthritis Multiple |
| | Lower Back Pain | Stress/Anxiety | Depression |
| | Other (please specify) | | |
| Current Medication: (Please List) | | | |
| Practitioner Declaration: | | | |
| I confirm that this is a true reflection of the patient's medical information. I refer this patient to the physical activity referral scheme and in my medical opinion this person is able to undertake a suitable programme of physical activity. | | | |
| Signature: | | Date: | |
| Patient Declaration: | | | |
| I agree to the release of medical details about me to the relevant physical activity provider. I understand that confidentiality is assured and I am undertaking this programme of my own accord. | | | |
| Signature: | | Date: | |

IMPORTANT: This referral is valid for 3 months. Should the patient fail to attend the initial consultation within this period, a new referral will be required.

DATA PROTECTION NOTICE: Basingstoke Sports Trust will use this information for administrative purposes only. We will share this information confidentially with members of the Basingstoke Sports Trust staff and Clinical Professionals only.