

CANCER EXERCISE REFERRAL FORM

Referring Practitioner Details

Name		Organisation	
Address		Tel. No.	

Patient Information *(Please print clearly)*

Name		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		Date of Birth		
		Tel. No.		
Post Code		Date of Referral		

Referral Information *(Please tick all that applies)*

Type of Cancer		Date of Diagnosis									
Areas Affected											
Type of Treatment C = Complete O = Ongoing	Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	Radiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Please specify)										
Other Conditions (Please list)	Lymphedema			Diabetes				Osteoporosis			
	Hypertension <160/100			Parkinsons				Obesity BMI >30			
	COPD			Asthma				Osteoarthritis Multiple			
	Lower Back Pain			Stress / Anxiety				Depression			
	Other (Please specify)										
Current Medication (Please list)											

Referrer 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 of personal data 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: The information provided on this form will only be used as part of the Cancer Rehab Scheme to ensure that the scheme is delivered within guidelines of the County Protocol. All personal data will be stored securely and will only be shared confidentially with Leisure Providers offering the Cancer Rehab service and Clinical Professionals.

Inclusion Criteria:

The patient must be 16 years of age or above, and be at one of the following stages of the cancer journey: Pre-treatment, undergoing treatment, post-treatment.

Exclusion Criteria:

If an individual living with cancer is referred for an exercise prescription, who has any of the following comorbidities, they are **NOT** eligible for a community-based exercise programme:

- Unstable angina or acute heart failure
- New or uncontrolled arrhythmias
- Resting or uncontrolled tachycardia
- Hypertension: resting systolic over 180mmHg or resting diastolic under 100mmHg
- Unstable diabetes
- Symptomatic hypotension
- Febrile illness

NB: Individuals should contact their GP for advice on a more appropriate exercise programme.

Additional Medical Considerations:

There are also a series of other medical situations which would require a health professional approval:

Haematological

- No exercise on days of intravenous chemotherapy or within 24 hours of treatment
- No exercise prior to blood draw
- Take precautions if there is a severe reaction to radiotherapy
- Recommend medically supervised exercise testing if on treatment that affects lungs and/or heart
- No exercise if very low blood counts – platelets of fewer than 50,000 white blood count of under 3,000 or heartbeat of under 10g/dl

Musculoskeletal

Refer back to the health professional if:

- ✓ Bone, back or neck pain of recent origin
- ✓ New unusual muscular weakness
- ✓ Severe cachexia (sudden weight loss and physical wasting)
- ✓ Presenting with unusual extreme fatigue
- No exercise if any pain or cramping
- If osteopenia – avoid high-impact exercise if at risk of fracture
- If steroid-induced myopathy – no exercise

Systemic

- Acute infections – no exercise
- Febrile illness (a fever of more than 38C/100F) – no exercise and refer back to health professional.
- Monitor if has general malaise
- If had recent systemic illness or infections, avoid exercise until asymptomatic for more than 48 hours

Gastrointestinal

- Severe nausea – no exercise
- Vomiting or diarrhoea within previous 48 hours – no exercise
- Severe dehydration or poor nutrition (i.e.: inadequate fluid and/or food intake) – monitor

Cardiovascular

- Chest pain – no exercise requires further investigation.
- Monitor and refer if resting pulse over 100b/min or under 50b/min
- Irregular pulse – refer back to health professional

Pulmonary

- Severe dyspnoea (shortness of breath) – no exercise and refer back to health professional
- Cough, wheezing – monitor
- Chest pain increased by deep breath – no exercise and refer back to health professional

Neurological

No exercise and refer back to health professional if there are signs of any of the following: Significant decline in cognitive status; dizziness or lightheaded, disorientation or ataxia, Blurred vision

Any queries please contact: AOR@northamptonshiresport.org