**“CANMOVE” CANCER REHAB REFERRAL FORM**

*Please complete and send to* [***bht.cancer.inf@nhs.net***](mailto:bht.cancer.inf@nhs.net) *along with any supporting clinic letters or info*

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| --- | --- | --- |
| **Patient wants support to be more active** Y □ N □  **Patient consents to medical info being sent to external providers from NHS** Y □ N □ | | |
| **Aim for Referral**  Please use flowchart below to help guide who to refer to | | |
| to improve quality of life □ to combat fatigue □  to improve physical function □ to improve fitness □  other □ ……………………  Referral to: □Oncology Specialist Physio □Level 4 cancer rehab instructor | | |
| **Patient Name**  **DOB**  **NHS**  **Address**  **Tel No.**  **Email Address** | **Name of Referrer**  **Job Title**  **Telephone**  **Email**  **GP Practice** | |
| **Cancer Diagnosis:**  **Metastatic Disease** yes □ no □ If yes, location of mets:  If bone metastasis will require referral to oncology specialist physio | | |
| **Treatment** | | |
| Chemotherapy ongoing □ completed □ Details | | |
| Radiotherapy ongoing □ completed □ Details | | |
| Targeted therapy ongoing □ completed □ Details | | |
| Hormonal therapy ongoing □ completed □ Details | | |
| Surgery ongoing □ completed □ Details  If last 4 weeks- please refer to oncology specialist physio | | |
| **Side effects from treatment/ disease** | | **Current Medication** |
|  | |  |
| **Other Significant Medical History** | | |
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