**CANCER REHAB REFERRAL FORM**

Please complete and send to 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  □ Private □ NHS  |
| **Patient Name****DOB****NHS****Address****Tel No.****GP Practice**  | **Name of Referrer****Job Title****Telephone****Email**  |
| **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** |
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