

We know physical activity is important for cancer patients at all stages of cancer treatment. The Cancer Exercise Rehabilitation Programme is a positive behaviour change and physical activity programme, which encourages people living with and beyond cancer to be active before, during and after treatment.

Anybody with a cancer experience can be referred to the programme, just complete the details below and return to the programme coordinator via the contact details on the reverse of this form.

Full Name:	Date Of Birth:	Male/Female/Non-binary:
Ethnicity:		
Town:	Mobile:	
Post code:	Email:	
Cancer diagnosis (tick applicable) <ul style="list-style-type: none"> <input type="radio"/> Breast <input type="radio"/> Prostate <input type="radio"/> Lung <input type="radio"/> Colorectal/Bowel <input type="radio"/> Upper GI <input type="radio"/> Non-Hodgkin Lymphoma <input type="radio"/> Melanoma <input type="radio"/> Head/Neck/Spine <input type="radio"/> Other _____ 	Other medical conditions (tick applicable) <ul style="list-style-type: none"> <input type="radio"/> Deafness/hearing impairment <input type="radio"/> Blindness/partially sighted <input type="radio"/> Learning difficulty <input type="radio"/> Hypertension <input type="radio"/> Heart attack/angina/other <input type="radio"/> Neurological condition (stroke, MS, etc) <input type="radio"/> Diabetes <input type="radio"/> Epilepsy <input type="radio"/> Other _____ 	

Previous and current treatment history

Treatment	Yes / No	Comments / Dates / Details
Radiotherapy		
Chemotherapy		
Surgery (e.g. removal/reconstruction)		
Other unlisted treatment?		

Do you have latex allergy?	Yes / No
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Emergency contact details

Name:	Relationship:	Number:
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Referring professional

Name:	Tel no:
Organisation / Department:	Date:

Agreement of the patient to join the We CAN programme:

By signing this form, I indicate that:

1. I have had details of the programme fully explained to me.
2. I would like to join the programme and give my informed consent to do so.
3. I give my agreement for relevant contact and medical information to be passed to the Programme Coordinator and Cancer Exercise Rehabilitation Specialist at Medialis Wellbeing.

Print name: _____

Signed: _____

Date: _____

Please note:

- This referral form must be completed with the consent of the individual and forwarded to the Programme Coordinator (contact details below).
- A referral means that the individual will be assessed for a place on the programme and does not guarantee a place on the programme.
- The Programme Coordinator will contact the individual directly within one week of receiving this referral.

Email: info@medialiswellbeing.co.uk

Website: www.medialiswellbeing.co.uk