

**To be completed in full by Referring Practitioner**

**Patient Details**

Full Name: .....	Date of Birth: __/__/____	Gender: M / F
Address: .....		Postcode: .....
Contact No: .....	NHS No: .....	
GP: .....	Practice .....	GP Tel No: .....

**Treatment Details** (please put a cross in the appropriate box/es)

Cancer diagnosis: ..... Date: \_\_/\_\_/\_\_\_\_

Surgery: ..... Date: \_\_/\_\_/\_\_\_\_

Chemotherapy Commenced      Date: \_\_/\_\_/\_\_\_\_      Completed: Y / N

Radiotherapy Commenced      Date: \_\_/\_\_/\_\_\_\_      Completed: Y / N

**Symptoms**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Cough/shortness of breath | <input type="checkbox"/> Weight Issues | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> General Weakness |
| <input type="checkbox"/> Stress/Anxiety/Depression | <input type="checkbox"/> Fatigue       | <input type="checkbox"/> Lymphoedema     | <input type="checkbox"/> Pain             |
| <input type="checkbox"/> Body Image Concern        | <input type="checkbox"/> Other: .....  |  |   |

Please supply **ALL RELEVANT** information about the patient's health status:

Resting Heart Rate: .....      BP: .....      Oxygen Sats: .....      BMI: .....

Please provide details of **ALL RELEVANT Medical Conditions** and **Medication** being taken. If known please include the known impact upon everyday function/exercise capacity.

Relevant Medical Conditions	Medication

Additional Relevant Information	Implications

Referring Practitioner	
I can confirm that the details given are a true reflection of the patient's medical history and medication. I refer this patient to the 'Get Active, Feel Good' Advisor. This referral form may also be used by the patient to attend Exercise Referral after the 'Get Active, Feel Good' initial consultation.	
Signature: .....	Print Name: .....
Contact No: .....	Date: __ / __ / ____

Patient Consent	
The reason I have been referred to the 'Get Active, Feel Good' Advisor has been fully explained to me. I am prepared to participate and give permission for this information to be passed to staff involved with the scheme.	
Signature: .....	Print Name: .....
Date: __ / __ / ____	

All information in this form will be treated in the strictest confidence and stored securely according to current Data Protection Act legislation

### Patient information

Your cancer nurse or physiotherapist has agreed it appropriate that you attend specialist support to help guide you in raising your physical activity levels to benefit health.

The 'Get Active, Feel Good' project advisor will support you in starting regular and sustainable physical activity, helping you to:

- Plan safe and effective exercise that meets your personal needs and abilities.
- Overcome any concerns.
- Find suitable activities to build your physical fitness in a way that suits you.
- Manage the side effects or after effects of treatment.
- Choose enjoyable physical activities that fit into your life and match your interests.
- Plan ongoing support to help you keep as active as you would like.
- Get the most out of the free Get Active Feel Good pack and resources helping you to get moving.

Please use the information below to book your free appointment with the 'Get Active, Feel Good' Advisor.

<p><b>Kim - "Get Active, Feel Good" Advisor</b></p> <p>To book your free appointment (Telford or Shrewsbury) please contact Kim on: <b>07543 827531</b> or email: <a href="mailto:getactivefeelgood@gmail.com">getactivefeelgood@gmail.com</a></p> <p>Appointments will be held at The Princess Royal Hospital and The Royal Shrewsbury Hospital</p>
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**PLEASE REMEMBER TO TAKE THIS COMPLETED REFERRAL FORM TO YOUR FIRST APPOINTMENT WITH THE 'GET ACTIVE, FEEL GOOD' ADVISOR.**