

CANCER REHABILITATION REFERRAL CHECKLIST

Name of patient/client

Name of referrer

Date

EARLY PROACTIVE REFERRAL FOR CANCER REHABILITATION WILL IMPROVE OUTCOMES

Physical Concerns

Tick all that apply

- ☐ Exhaustion or fatigue
- ☐ Feeling weak
- ☐ Reduced mobility
- ☐ Joint stiffness
- ☐ Aches/pains
- ☐ Scar discomfort
- ☐ Cording/tightness
- ☐ Sleep problems
- ☐ Swelling of limbs
- ☐ Bladder or bowel dysfunction
- ☐ Sexual health limitations
- ☐ Tingling in hands/feet
- ☐ Loss of muscle mass
- ☐ Shortness of breath
- ☐ Risk of lymphoedema
- ☐ Balance difficulties
- ☐ Recent falls
- ☐ Difficulty exercising

Practical or Functional Concerns

Tick all that apply

- ☐ Caring responsibilities
- ☐ Work capacity
- ☐ Returning to schooling
- ☐ Housework or shopping
- ☐ Washing or dressing
- ☐ Preparing meals/drinks
- ☐ Looking after family
- ☐ Difficulty eating/drinking
- ☐ Financial stressors
- ☐ Ability to access transport

Cognitive Concerns

Tick all that apply

- ☐ Chemo brain/fog
- ☐ Reduced attention
- ☐ Poor concentration span
- ☐ Loss of interest in hobbies/activities
- ☐ Difficulty taking medications
- ☐ Difficulty making plans
- ☐ Unable to schedule and keep appointments
- ☐ Poor memory
- ☐ Slower to solve problems
- ☐ Easily distracted

Emotional and Social Concerns

Tick all that apply

- ☐ Reduced confidence
- ☐ Loss of interest in hobbies/activities
- ☐ Relationship difficulties
- ☐ Anxiety/panic
- ☐ Depression
- ☐ Reduced self esteem
- ☐ Low/flat mood
- ☐ Loneliness or isolation
- ☐ Frustration at physical disabilities or cognitive impairments

Additional Support that Would be Beneficial:

Tick all that apply

- ☐ Support to get back to sport, hobbies, or group activities
- ☐ Guidance to return to paid work
- ☐ Advice on exercising and activity
- ☐ Connection with others who have experienced cancer
- ☐ Advice on managing hormone therapy side effects
- ☐ Something else:

Every patient referred will be assessed by a Certified Pinc & Steel Cancer Rehab Physiotherapist or Occupational Therapist. If there are any concerns outside of their scope of practice, they will refer to the relevant healthcare professional.

Actions taken

Referral made ☐

Date:

Signed:

Submit this form here:

pincandsteel.com
/referral

or email to:
admin@pincandsteel.com