

Strength Training Oncology Group (STRONG) Program

Referral Form

The “**STRONG**” Program is a supervised group exercise training program specifically for individuals who have been diagnosed with cancer. Individually-tailored and evidence-based exercise programs are designed to help patients better cope with treatment, and to combat the adverse effects associated with cancer therapies. Please complete the following information to help us provide the best possible care for your patient.

Referring Practitioner Information	
Name:	Phone:
Practice Location:	Fax:
Email:	
Patient Information	
Surname:	Given Name(s):
DOB:	Contact Phone:
Address:	
General Medical Information	
Active Medical Conditions:	Medications:

Cancer-Specific Medical Information

Primary Cancer Site:

Secondary Cancer Site(s):

Date Of Diagnosis:

Tumour Details:

Please include relevant details about tumour stage/grade/location/spread/severity.

Treatment Details:

Please include details relevant details of past, current and planned treatment, including treatment type(s), duration, outcomes, and planned follow up.

Special Considerations: Does your patient have considerations that may impact on exercise prescription? (select any that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Bony Metastases | <input type="checkbox"/> Lymphoedema | <input type="checkbox"/> Anaemia | <input type="checkbox"/> Neutropenia |
| <input type="checkbox"/> Recent Infection/Illness | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Radiation Burns |
| <input type="checkbox"/> Peripheral Neuropathy | <input type="checkbox"/> Cardiac Issues | <input type="checkbox"/> Musculoskeletal Issues | <input type="checkbox"/> Pulmonary Issues |
| <input type="checkbox"/> Other _____ | | | |

Please provide details:

Please attach any relevant reports, test results etc.

Is your patient a suitable candidate for participation in a supervised group exercise program?

Yes No

Signature: _____

Date: