



# Breast Cancer Exercise Group Referral Form

This group is a specialised program for individuals that have had a breast cancer diagnosis. The program offers tailored exercise prescription targeted to their rehabilitation goals. We provide education about how to best manage the side effects of acute cancer treatments (such as fatigue, pain, peripheral neuropathy, lymphoedema and reduced range of movement and strength). Participants are accepted into the program during any stage of their cancer treatment.

There is strong evidence to support the utilisation of exercise both during and after cancer treatments to prevent deconditioning, prevent breast cancer reoccurrence and maintain a healthy body weight. Our experienced team of Exercise Physiologists will provide you with a safe and comfortable environment where individuals will improve their confidence to move and have the opportunity to meet other patients that have had a similar experience. This program is designed to assist an individual to create a routine, improve strength and stamina, improve range of movement and provide an opportunity for ongoing professional input.

Referring Practitioner's Details	
Referrer Name:	
Practice Name:	
Practice Address:	
Phone Number:	Fax Number
Contact Email:	

  

Patient Details
Full Name:
Date of Birth:
Address:
Phone Number:
Contact Email:

  

Medical Information
Current Medical History

InForm Health & Exercise  
4/1463 Malvern Road, Glen Iris  
Phone: 03 9822 8036  
Fax: 03 9822 8036



**Current Medications**

**Primary Cancer Site:**

**Secondary Cancer Site/s (if applicable):**

**Date of Diagnosis:**

**Treatment to Date:**

**Surgery (previous and upcoming):**

*Please provide details.*

**Special Considerations**

*(i.e bony metastases, cardiac impairment, anaemia, lymphoedema, peripheral neuropathy, pulmonary issues, musculoskeletal ache/pains, neutropenia, incontinence, radiation burns/wounds, osteoporosis, recent/upcoming surgery):*

**Is this patient suitable for group based exercise? Yes / No**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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