EXERCISE ONCOLOGY REFERRAL

ACE ALBERTA CANCER EXERCISE | EXCEL EXercise for Cancer to Enhance Living Well

UNIVERSITY OF CALGARY
FACULTY OF KINESIOLOGY
Health and Wellness Lab

Physical Activity Screening Form

Patient Label

Last Name: _____

First Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Email: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Gender: _____

Date of Birth: _____

Personal Health Number: _____

Current Side Effects:

- ☐ Cardiotoxicity
- ☐ Pulmonary function
- ☐ Fatigue
- ☐ Bowel/bladder changes
- ☐ Neutropenia
- ☐ Anemia
- ☐ Thrombocytopenia
- ☐ Peripheral neuropathy
- ☐ Decreased range of motion
- ☐ Bone or joint issues
- ☐ Lymphedema
- ☐ Skin changes

Other (please indicate below):

Additional Comments:

Patient Information:

Please indicate any significant co-morbidities [that could affect exercise participation]:

Is the cancer metastatic? If so, please provide the locations and stability of metastases.

Physical Activity Clearance:

- ☐ No physical activity at this time
- ☐ Under supervision of qualified exercise professional
- ☐ Unrestricted or progressive physical activity
- ☐ Modification(s) for exercise (if applicable):

Physician Signature:	**Stamp:**	**Date:**

Referral Information: **ACE Program** | **Fax:** (403) 289-9117 | **Phone**: (403) 210-8482 | **Email:** wellnesslab@ucalgary.ca