

Affix patient details sticker if available

NAME

DATE OF BIRTH

HOSPITAL NUMBER

NHS NUMBER



**The Children &
Young People's
Cancer Association**

Parental Contact details:

Name: Telephone number:

Email address:

Physical Activity Intake Form

Diagnosis:

Date of Diagnosis:

Site of primary tumour:

Site of metastases:

Treatment Protocol:

Planned, current and previous treatment (e.g. chemotherapy, surgery, radiotherapy):

.....
.....

Other medical conditions and/or considerations:

.....
.....

Lines in place and location:



Participant's current levels of movement, exercise and physical condition:

Current difficulties and recommendations to facilitate physical activity or exercise (symptoms, physical restrictions):

Preferences for activities (e.g. dancing, football, strength training) and/or specific goals:



Healthcare Professional Statement

This patient is medically fit to participate in a physical activity or exercise programme:

Yes

☐

No

☐

The following conditions should be taken into account:

Signature Name

Job Title Date

Exercise Therapist Statement

I understand that I have reviewed the information with a physician where appropriate and the child or young person is medically fit to perform physical activity and exercise at this time, with the recommended modifications.

I understand that underlying diagnosis, conditions on this list and the child or young person's physical and mental wellbeing should be taken into professional context and I should deliver an appropriately modified session to meet their needs and reduce risk of harm.

Signature Name Date

Statement of parent

☐

I am happy for my child to take part in physical activity and exercise

☐

I will update the exercise therapist prior to any physical activity/exercise session if the medical needs of my child have changed since the last session

Parent / Legal Guardian signature Date

Name (PRINT) Relationship to child

Child or Young Person's agreement (if they wish to sign)

☐

I am happy to take part in physical activity and exercise

Signature Date

Name (PRINT)