

Initial Patient Contact (Phone)

Hi my name is _____ and I'm a _____ ringing from _____ in regards to the oncology rehabilitation program.

We received your referral from _____.

What is it about?

The _____ oncology rehab program is an _____ week exercise program offered to patients who are currently receiving treatment. You will receive a comprehensive physiotherapy assessment at the start and a review at the end of 8 weeks. Your exercise program will be individually tailored for you and will be led by our oncology Physiotherapists.

It is an _____, _____ weekly program where you will be able to come to _____ to exercise.

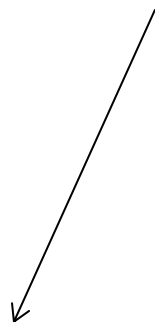
Sessions will run _____.

The cost is _____.

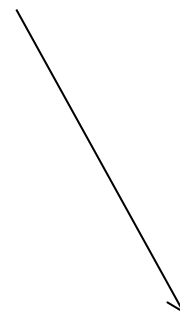
This can happen on the days of your treatment, before or after your treatment.
You can join at any time.

We hope to increase patient access to exercise professionals early in their cancer journey and improve patient outcomes through participation in exercise *during cancer treatment*.

Exercise has been shown to have many benefits and it can help you improve your energy levels, cope with pain and fatigue and make you stronger and fitter.



Patient accepts referral
Book in assessment time



Patient declines referral
Record outcome, reason for decline