

# Oncology Rehabilitation Goal Setting and Functional Assessment



UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Affix Hospital ID Label If Available

**Initial assessment date:** .....

<b>Diagnosis:</b>	<b>Current Treatment:</b> <input type="checkbox"/> None <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Hormone <input type="checkbox"/> Other  Details:   <b>Past Treatment:</b> <input type="checkbox"/> None <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Hormone <input type="checkbox"/> Other  Details:		
<b>Past History:</b>	<b>Exercise Considerations/ Side Effects:</b>		
	<b>Fatigue: CAPO rating</b> (please circle) No Fatigue      Mild      Moderate      Severe		
	<b>Falls (Past 12 months):</b>		
<b>Social History:</b>			
<b>Premorbid Mobility &amp; Exercise:</b>	<b>Current Mobility &amp; Exercise:</b>		
<b>Physical Measures</b>			
Height (cm)	Weight (kg)	BMI	SpO2
Resting BP	Resting HR	Est. Max HR	

Signature: _____	Name (please print): _____	Designation: _____	Date: _____
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# Oncology Rehabilitation Exercise Assessment



UR Number: \_\_\_\_\_

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Affix Hospital ID Label If Available

<b>Pre Assessment Date</b> _____			
<b>6 Minute Walk Test</b>			
Total Distance		SpO2	HR
	1		
BORG Pre:          Post:	2		
Gait Aid:	3		
No. of rests:	4		
Distance before 1 <sup>st</sup> rest	5		
	6		
	rest		
<b>Sit to Stand x5 (46cm chair height)</b>			
Time:		Hands used:	
<b>Step Test – 15secs (support leg)</b>		<b>CTSIB</b>	
Left	Right		
<b>Biceps Curl 10RM</b>			
Left	Right		
<b>Other</b>			
ROM:			

<b>Post Assessment Date</b> _____			
<b>6 Minute Walk Test</b>			
Total Distance		SpO <sub>2</sub>	HR
	1		
BORG Pre:          Post:	2		
Gait Aid:	3		
No. of rests:	4		
Distance before 1 <sup>st</sup> rest	5		
	6		
	rest		
<b>Sit to Stand x5 (46cm chair height)</b>			
Time:		Hands used	
<b>Step Test (15 sec)</b>		<b>CTSIB</b>	
Left	Right		
<b>Biceps Curl 10RM</b>			
Left	Right		
<b>Other</b>			
ROM:			

Signature: _____	Name (please print): _____	Designation: _____	Date: _____
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