



Oncology Rehabilitation Program

21 January 2020

<Dr FirstName Surname>

<Clinic Name>

By Fax: <Fax Number >

Address:

Dear Dr <Surname>

Re: <Title FirstName Surname>

<Address>

DOB:

UR: P

We are writing to notify you that your patient has completed <X> out of <X> sessions of the _____ Program at _____.

The program has an interdisciplinary approach and reflects current best practice in the area of exercise and cancer care.

If you require further information please do not hesitate to contact me on _____.

Kind regards

REHABILITATION

Goals:

At the commencement of the program, <Client FirstName> identified their goals as:

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Pre and post program assessment:

The following measures were assessed and recorded, pre and post program participation:

	Pre- assessment date	Post-assessment date
6 minute walk test		
5 x sit to stand		
10 RM bicep curl		
Step test (support leg)		
CTSIB		

<Client Firstname> has shown significant improvements in all of the above measures.

Discharge Plan:

<Client Firstname> was provided with a home exercise program and we have encouraged him to complete as much incidental activity as possible.

Clinician:

Date:

Clinician:

Date:

NURSING

Summary:

<Client Firstname> was referred to the oncology rehabilitation program to help manage the side effects of treatment, increase fitness and support well-being.

On discharge today, <Client Firstname> was screened for psychosocial needs using the National Comprehensive Cancer Network (NCCN) Distress Thermometer: <score>.

Plan:

<Client FirstName> is aware of discharge plan and is welcome to return to attend any missed information sessions from the program.

Clinician:

Date: