Echuca Regional Health

Patient Intake Form – Cancer Wellness Programs

Please tick the programs you are interested in:

☐ **Gentle Yoga** ☐ **Relaxation** ☐ **Massage**

☐ **Cancer Exercise Group** ☐ **Living with Meaning** ☐ **Cook & Connect**

NAME: ..... D.O.B: .....

ADDRESS: ..... SUBURB: .....

EMAIL: ..... PHONE.....

EMERGENCY CONTACT: ..... PHONE: .....

Type of cancer, location and if metastatic: .....

.....

What treatment have you received, when and to what areas of the body?

Y ☐ N ☐ Surgery: .....

Y ☐ N ☐ Radiotherapy: .....

Y ☐ N ☐ Chemotherapy/Immunotherapy: .....

Y ☐ N ☐ Targeted/Hormone/Other Therapies: .....

Place of treatment: Echuca / Bendigo / Shepparton / Melbourne / Other **.....**

Treatment side effects: .....

Current allergies: .....

Current medications: .....

Past medical history:

□ Recent Surgery □ Stroke □ Epilepsy/seizures □ Thyroid condition □ Respiratory disorder □ Joint Injury □ Musculoskeletal injury	□ Hypertension □ Diabetes □ Nausea □ Heart Condition □ Blood Disorder □ Neck Pain □ Back Pain	□ Depression – on medication Yes/No □ Anxiety □ Arthritis □ Pregnant (currently) □ Hernia □ Migraines
Other:		

Echuca Regional Health

Yoga/Relaxation/Massage Questions:

Is there a position you cannot tolerate for long periods of time e.g. on your back?

.....

Please indicate if you have any of the following pressure related considerations:

YES	Pressure related considerations	Comments
	Fatigue	
	Neuropathy in the hands and/or feet	
	Lymph node removal	Axilla – Neck - Groin
	Oedema or Lymphoedema	
	Bone density loss	
	PICC or PORT	
	Skin problems	

Please indicate if you have any of the following site related considerations:

YES	Site considerations	Comments
	Pain or discomfort	
	Other medical devices	
	Incisions	
	Area that feels unusually warm	
	Recent Hx of blood clots	

Goals for therapy:

☐ Reduce fatigue	☐ Improve overall fitness	☐ Connect with others
☐ Promote relaxation	☐ Improve mobility	☐ Mental health wellbeing
☐ Reduce anxiety/stress	☐ Reduce pain	☐ Other _____

Please read the following carefully and tick each box to indicate you understand and agree to them:

- □ I understand that I am solely responsible for my own health and well-being.
- □ I will listen to my body
- □ I will consult my doctor with any health concerns.
- □ I will update the teacher BEFORE the class with any illnesses or injuries that may affect my exercise, yoga, mindfulness practice.

I understand that in accordance with the scope of practice, as well as adhering to regulatory and statutory requirements, it is not the role of the therapist to diagnose injury or illness, or prescribe medication.

Confidentiality is respected, and at no time is any information received from the client during the therapy session given to any other person, except with the express permission from the client.

Patient name and signature: ..... **Date:** .....

If completed with health professional, name: ……

Please email form to wellnesscentreprogram@erh.org.au once completed.