Date: _____

Patient ID: _____

(initials-gender-DOB)

SESSION 1 Participant Assessment

Participant Details

- ☐ **Face to face**
- ☐ **Telehealth**

Name: _____ DOB: ____/____/____ Age:_____ Gender M/F/O
Address: _____
Phone: _____
Email:_____
Medicare card No: _____IRN: _____
Private health Fund: _____No: _____
Emergency Contact (Name/phone): _____

Care Team

GP: _____Clinic/Hospital: _____Phone: _____
Aboriginal Medical Service Name: _____ Phone: _____
AMS: Chronic Care Coordinator Name: _____ Phone: _____

- ☐ Have you completed a 715 Aboriginal Health care check in the past 12 months?
- ☐ Are you up to date with your cancer prescreening?
- ☐ Have you ever been diagnosed with cancer?
- ☐ Are you regularly exercising?
- ☐ If in active treatment, consult with GP/specialist prior to exercise.
- ☐ Medical clearance pending
- ☐ Medical clearance obtained Date____/____/____,

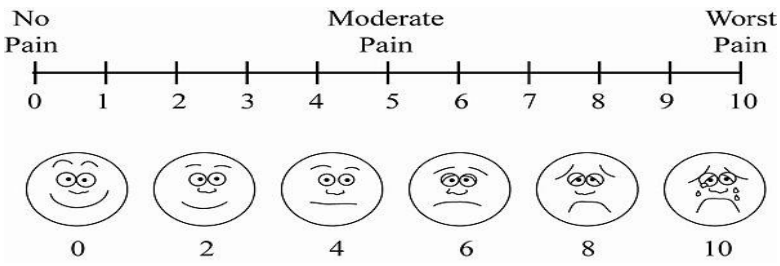
Care History: Please list any diagnoses or hospitalizations you have in the past ten years, and describe any health concerns you may have?

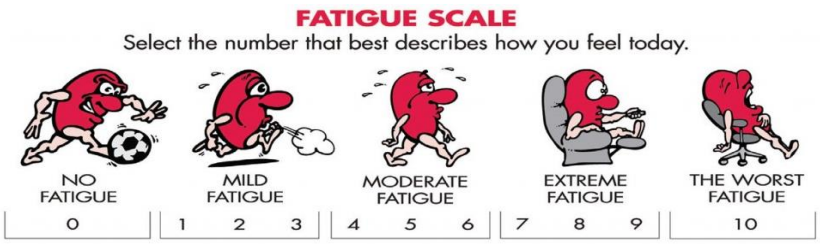
_____
_____
_____

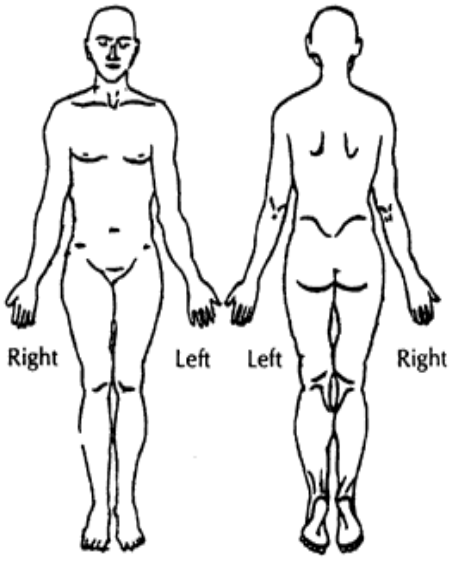
Are you currently on any medication? Dosage/frequency. Please supply your clinician with a copy of your medication schedule.
_____ _____ _____

Pain and Distress

Using the charts below, please indicate any pain or fatigue you are experiencing and where about on your body these symptoms present.







What makes your pain or fatigue better or worse?

_____

_____

What time of day do you feel you are at your best? And worse?

_____

_____

All About You

Family/children/Work/ activities of interest

_____

_____

_____

Are you currently working? How do you support yourself? _____

As of right now what's important to you? _____

How to do take care of yourself? _____

Do you have any worries? What concerns you most?

_____

Lifestyle

Do you consume alcohol? Type/frequency/quantity _____

Do you smoke? If yes how many cigarettes per day? _____

Nutrition

What would you regularly eat for

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Exercise

Do you enjoy exercise? If so what kinds? _____

Are you currently exercising?

Frequency	Intensity	Type	Time

Goal Setting
Please talk to me about your goals

Short Term (now till 12 weeks) _____
Medium Term (3-6 months) _____
Long term (6-12months) _____

What barriers that may prevent you from achieving your goal?

_____
_____

What enablers do you have access to that may support you to achieve your goal?

_____
_____

Clinicians Recommendations

Starting Exercise Advise

- ☐ GP/Specialist Exercise Clearance Requested
- ☐ Exercise Intensity RPE: _____
- ☐ Walking ExRx:_____
- ☐ Resistance Training; ExRx:_____
- ☐ Hydrotherapy: _____
- ☐ Low intensity Yoga/Tai Chi/TheraBand Program

Daily Nutritional considerations

- ☐ Vegetables 2-3 serves.
- ☐ Lean meat Fish/chicken/lean red meat 2 serves.
- ☐ Quality Starchy carbs 2 serves.
- ☐ Fruit and vegetables high in antioxidants 2-3 serves.
- ☐ Refer to Dietician if weight loss or weight gain <5% in 3 months

Other Considerations

- ☐ Protein requirements
- ☐ Iron Injection
- ☐ B12 Injection
- ☐ Creatinine
- ☐ Other _____

Social Support, referred to

- ☐ AMS Chronic Care Program
- ☐ Men's/woman's cancer support group
- ☐ Refer to Men's/woman's business program
- ☐ Refer to Local hospital social worker

Next Appointment (Date/time): _____

Participant Outcomes Measures

Name:		**Gender:**	**Age:**	
Height:	BMI:	Risk Category	BP:	HR:
Weight:	WHR:	Risk Category	T score if known	Cancer Related QOL Score

Outcome Measures Assessment Tools

Test	**Flexibility**	**Balance**	**Mobility**	**Cardiovascular Endurance**	**Strength**
Outcome Measures	Sit and Reach 1. 2. 3. Avg:	4 Square Balance Test 1. 2. 3. Avg:	3m Timed Up and Go 1. 2. 3. Avg:	6-minute Walk Test Distance:	30 sec Sit to stand. 3kg Arm Curl R: L:
	Back Scratch R: L:	Single Leg Stance or Stalk test R: L:	6m Walk Test Pace:	Sub max Vo2 Modified Bruce Treadmill Test	30 Sec Push Up: ☐ Floor ☐ Knees ☐ Wall ☐ Total:

- *Exercise and Sports Science Australia (ESSA) 2017, Exercise and Sports Science Australia's Outcome Measures for Exercise Physiologists, Ensuring evidence Based Practice. Marlow, Hastings & Hansson.*

All About You

Tell me about life before your diagnosis? Family/children/activities of interest

_____
_____
_____

Are you currently working? How do you support yourself? _____

As of right now what's important to you? _____

What are your hobbies/interests? _____

How to do take care of yourself? _____

Do you have any worries? What concerns you most?

_____

Cancer History

Oncologist: _____ Clinic/Hospital: _____Phone: _____

Family Cancer History	☐ Mother Type: _____ ☐ Father Type: _____ ☐ Sister/brother Type: _____

Participant Cancer History

Primary Cancer Site		Remission Cancer Free Yrs.	☐ Yes ☐ 1-2 ☐ 2-4 ☐ >5
Secondary Cancer Site		Bone Tumor Site	☐ Hip/pelvis. ☐ Spine ☐ Femur ☐ Other _____

Tx to Date	☐ Surgery	Location:	Date Start:	End:	In Active Treatment ☐
	☐ Radiation Therapy	Location:	Date Start:	End:	☐
	☐ Chemotherapy ☐ PIC/Port Location		Date Start:	End:	☐
	☐ Immunology/Targeted		Date Start:	End:	☐

	Watchful waiting
	☐ Planned Future treatment
	☐ Other

Treatment side effects:

Surgery	☐ Wound healed	Location:	
Lymphoedema	☐	Location:	
Anaemia Low RBL	☐ Fatigue ☐ Low RBC	Cachexia Sarcopenia	☐ BW ↓5% ☐ Muscle weakness/loss
Thrombocytopenia Reduced clotting	☐ Bruising/bleeding	T Score/Bone loss	☐ -1 Mod ☐ -2.5 Severe
Neutropenia Reduced immunity	☐ Colds/flu/Covid	Pain: VAS	☐ 0-5 ☐ 5-10
Musculoskeletal	☐ Joint pains ☐ Weakness ☐ Balance/falls	Fatigue VAS	☐ 0-5 ☐ 5-10
Fever	☐	Cellulitis	☐
Dizziness	☐ Mod ☐ Mild ☐ Severe	Peripheral Neuropathy	☐ Vision ☐ Feet ☐ Hands ☐ Legs ☐ Balance issues
Memory impairment	☐ Poor ☐ Average ☐ Ok	Chest pain	☐ Date _____
Sleep	☐ <8hrs	Avg sleeping hrs.:	
Sexual Function	☐ Reduced interest	Mental Health	☐ Anxiety ☐ Depression ☐ Other Dx:
Gastro Health	☐ Nausea ☐ Incontinence ☐ Diarrhea ☐ Constipation		
Skin disorders	☐ Shingles ☐ Dry/Flaky	Oral Health issues	☐ Teeth ☐ Gums ☐ Lips
Other	Please list or describe any other issues the patient may be experiencing that needs consideration of investigation.		