

PATIENT SUMMARY



UNIVERSITY OF
**NORTHERN
COLORADO**

**Cancer
Rehabilitation
Institute**

NAME

DATE

SECTION I : GENERAL INFORMATION

Referral Source

Primary Care Physician

Date of Assessment

DOB Age

Cancer Type

Cancer Stage Date of Diagnosis

Height Weight

Blood Pressure

SECTION II : TREATMENTS

	DATE OF TREATMENT / NA	TYPE / NAME / OTHER INFORMATION
Surgery		
Radiation		
Chemotherapy		
Other Treatment		

Complications from treatments?

SECTION III : ADDITIONAL MEDICAL CONCERNS

SECTION IV : DISEASE CONCERNS

	Y	N	MEDICATION	EXPLANATION
High Blood Pressure				
High Cholesterol				
Diabetes/ Glucose				
Smoking				
Physically Inactive				
Weight				
Other				
Family History			Males: CAD/Heart Attack <55	
			Females: CAD/Heart Attack <65	

SECTION V : MEDICATIONS

NAME	REASON FOR MEDICATION	SIDE EFFECTS

SECTION VI : PHYSICAL ACTIVITY

Current Physical Activity Level

Past Physical Activity Level

Short Term Goals

Long Term Goals

Assessors' Names

Assessors' Signatures

Clinical Coordinator's Signature