

## Figure 2.1 New Client Treatment Form

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

Cancer type: \_\_\_\_\_

Stage of diagnosis: ☐ 0 ☐ I ☐ II ☐ III ☐ IV

Date of diagnosis: \_\_\_\_\_

Oncologist and date of last visit: \_\_\_\_\_

### Treatment

1. Did you have surgery? ☐ Yes ☐ No

Date of surgery: \_\_\_\_\_

Site of surgery: \_\_\_\_\_

Impairments of surgery (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Did you have chemotherapy? ☐ Yes ☐ No

Date of completion: \_\_\_\_\_

Name of chemotherapy: \_\_\_\_\_

Are you currently receiving chemotherapy? ☐ Yes ☐ No

Name of chemotherapy you are receiving: \_\_\_\_\_

Do you have persistent side effects from chemotherapy? ☐ Yes ☐ No

Please list any symptom(s) that is bothering you now that you believe could be related to your prior chemotherapy (e.g., numbness in fingers and toes, pain, depression): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Did you have radiation therapy? ☐ Yes ☐ No

Site of radiation: \_\_\_\_\_

Date of radiation completion: \_\_\_\_\_

Impairments or symptoms from radiation (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you taking any medication currently related to your cancer treatment? (e.g., antihormonal therapy for breast cancer [tamoxifen])? ☐ Yes ☐ No

Name of medication: \_\_\_\_\_

Please list any symptom you may have now that you believe is related to your medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued)

New Client Treatment Form (continued)

5. Please indicate if you have any of the following, and describe, as necessary.

- ☐ Fatigue: \_\_\_\_\_
- ☐ Depression: \_\_\_\_\_
- ☐ Anxiety: \_\_\_\_\_
- ☐ Difficulty sleeping: \_\_\_\_\_
- ☐ Weight gain or loss: \_\_\_\_\_
- ☐ Change in appetite: \_\_\_\_\_
- ☐ Pain: \_\_\_\_\_
- ☐ Shortness of breath: \_\_\_\_\_
- ☐ Edema: \_\_\_\_\_
- ☐ Joint stiffness or pain: \_\_\_\_\_
- ☐ Fractures: \_\_\_\_\_
- ☐ Myalgias: \_\_\_\_\_
- ☐ Muscle weakness: \_\_\_\_\_
- ☐ Lymphedema: \_\_\_\_\_
- ☐ Neuropathy: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

From ACSM, 2012, ACSM's guide to exercise and cancer survivorship (Champaign, IL: Human Kinetics:)

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