

**TSDFT Prehab for Cancer Referral**

*\* These fields are our minimum mandatory data fields for us to accept a referral, but please complete as much as you can so when we contact the patient, we are in the best position*

**Referral Criteria:** Age 18 years and over,  
Performance status 0 – 2  
Has indicated informed consent to be referred to the Prehab service

Referring colleague information	
* Date of referral	Click or tap to enter a date.
* Name	
* Designation	
* Email address	
* Phone number	
* Cancer site	<input type="checkbox"/> Lung <input type="checkbox"/> H&N <input type="checkbox"/> Urology <input type="checkbox"/> Other
Patient Information	
* Hospital Number	
* Name (Title, First name Surname)	
* Date of Birth	
* Phone number Is patient happy for voicemail to be left if no answer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carers contact details (if applicable)	
Patient Health Information	
* Consent received for referral to Personalised Care Team for TSDFT Prehab for Cancer Pilot	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance Status	Please select
* Current Diagnosis/Prognosis/Metastasis	
* Planned treatment & expected start date	
Co – morbidities Identify <b>any risks</b> relating to undertaking prehab activities	<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Arthritis <input type="checkbox"/> Respiratory disease <input type="checkbox"/> Kidney failure <input type="checkbox"/> Other, please list...
Sensory/ Mobility difficulties? Please inform us if they are unable to answer the telephone or will have difficulties attending clinic.	
Smoking history	Choose an item.
Any additional information?	

**Personalised Care Team**

Please email referrals to

[tsdft.cancerprehabilitationreferral@nhs.net](mailto:tsdft.cancerprehabilitationreferral@nhs.net)

Any queries phone:

**01803 656693**