

Oncologist Referral for Exercise

As your oncologist, I am providing you with this referral form for exercise because there is strong scientific evidence that exercise can reduce side effects of cancer treatment. After treatment, exercise can reduce your risk for relapse, increase your quality of life, and improve your survival. We know that this is true for many different activities. You can gain these benefits if you engage in structured exercise in a gym, if you enjoy meditative activities like yoga or Tai Chi, or if you start walking in your neighborhood.

My recommendation is that you give this referral form to a certified cancer exercise specialist who can help you engage in an individualized exercise program designed specifically for you. I described (below) any restrictions or concerns that I have, and my preference for how I'd like your exercise provider to communicate with me. I encourage your exercise provider to contact me if he or she has any questions or concerns about your progress. I would like to be updated on your progress regularly.

My recommendation is that you start with a level of activity that is comfortable for you. I encourage you to continue doing "more than before" until you reach a plateau that you can comfortably sustain. I encourage you to start today. Exercise is important starting now, and its importance continues throughout treatment and beyond.

ONCOLOGIST REFERRAL FOR EXERCISE AS THERAPY

(Oncologist Name) _____

(Oncologist Contact: telephone, email, or FAX) _____

Patient Name: _____

Patient Date of Birth: _____

Special restrictions or notes to exercise provider:

Please send regular, monthly updates to me at (email, office address, FAX):