



CLIENT INFORMATION SHEET

Name:

Date:

Address:

Email:

Phone: h

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m

Date of birth:

Occupation:

GP name:

Surgeon:

Cancer Diagnosis and date:

Cancer Treatments: Which cancer treatments have you had or are going to have?

Surgery: yes No to come Type and date of Surgery: _____

Hormone therapy: yes No to come

Chemotherapy: yes No to come

Radiation Therapy: yes No to come

Other : _____

Please list any current sites of pain and whether the pain is constant.

_____ Constant pain?

_____ Constant pain?

Relevant medical conditions:

Do you have medical insurance?: yes No

Current level of physical activity:

No physical activity Limited physical activity

Regular physical activity: Please describe what type of physical activity and the frequency times/week?

I accept that the clinical information collected during my assessments may be audited by the Programme Director or Clinical Director of PINC and STEEL to evaluate the effectiveness of the program and to justify funding.

Thank you from The PINC and STEEL Team

Under the Privacy Act 1993 you have rights to access personal information that we hold about you and request any correction of this information. Please contact us with your access or correction request by sending us a letter to the address below or an e-mail to info@pincandsteel.com