

Cancer Rehabilitation Service Intake Form

Personal Information

Full Name

Date of Birth

Gender

Phone Number

Email

Address

Emergency Contact Name

Emergency Contact Phone

Medical Information

Diagnosis

Date of Diagnosis

Treatments Received (select all that apply)

Surgery
Chemotherapy
Radiation Therapy
Immunotherapy
Hormone Therapy
Other

☐
☐
☐
☐
☐
☐

Current Symptoms/Concerns

Other Medical Conditions

Current Medications

Allergies

Rehabilitation Goals

What do you hope to achieve through rehabilitation?

Additional Comments