

Physical Activity Recommendation

Patient name:

Age:

Gender:

Cancer diagnosis:

Assessment	
Baseline patient physical activity level	<input type="checkbox"/> No physical activity beyond Activities of Daily Living (ADL) <input type="checkbox"/> Less than 1 time per week <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 5 or more times per week
Reason(s) for medical clearance before physical activity	<input type="checkbox"/> None <input type="checkbox"/> Cardiac disease or toxicities <input type="checkbox"/> Fracture risk from bone metastases, hormonal therapies or density changes <input type="checkbox"/> Limited range of motion <input type="checkbox"/> Lymphedema <input type="checkbox"/> Musculoskeletal problems <input type="checkbox"/> Obesity <input type="checkbox"/> Peripheral neuropathy <i>NOTE: If the patient has any of these issues, they must receive medical clearance before beginning physical activity.</i>
Physical activity goal (include type, frequency, length of time)	
Kind(s) of physical activity recommended	<input type="checkbox"/> Light aerobic <input type="checkbox"/> Moderate aerobic <input type="checkbox"/> Vigorous aerobic <input type="checkbox"/> Yoga <input type="checkbox"/> Resistance training <input type="checkbox"/> Stretching exercises
Patient commitment to physical activity recommendation	<input type="checkbox"/> Does not currently want to commit to the recommended physical activity <input type="checkbox"/> Will consider attempting the recommended physical activity <input type="checkbox"/> I will definitely attempt the recommended physical activity

Reasons to stop physical activity and contact the healthcare team:

- Dizziness
- Shortness of breath
- Chest pain
- Development of new or an increase in usual pain
- New or increased swelling in limb

