

CANCER SURVIVOR FUNCTIONAL SCREEN



Patient name: _____ Date: _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING:	YES	NO
Pain due to cancer or its treatments (surgery, chemotherapy, radiation, etc.)?		
If YES, where?		
Scars or scar tissue formation following cancer surgery?		
If YES, where?		
Decreased movement/range of motion in your arms, legs, neck, back, or jaw?		
Difficulty with balance?		
Recent falls or near falls?		
Tingling in hands or feet?		
Difficulty with daily living activities such as toileting, dressing, bathing, driving, etc.?		
Trouble concentrating or remembering?		
Difficulty swallowing or speaking?		
Persistent or intermittent swelling in your legs, arms, feet, hands, back, breast, face, or abdomen?		
If yes, where?		
Bowel or bladder problems?		
Weakness?		
Overwhelming fatigue?		
Other concerns:		

If you checked YES to any of these questions, share this form with your doctor and request a referral to a ReVital Cancer Rehabilitation clinic near you.

OUTPATIENT CANCER REHABILITATION ORDER FORM



Patient name: _____

Date: _____

☒ EVALUATE AND TREAT

☐ Physical Therapy

☐ Occupational Therapy

☐ Speech / Swallowing Therapy

Medical / oncologic diagnosis:

Precautions / special instructions:

Check your patient's impairment(s) under the requested therapy discipline(s):

Physical Therapy

- ☐ Pain
- ☐ Cancer-related fatigue
- ☐ Weakness / deconditioning
- ☐ Gait / balance problems
- ☐ CIPN
- ☐ Range of motion problems
- ☐ Lymphedema
- ☐ Radiation fibrosis syndrome
- ☐ Shoulder problems
- ☐ Axillary web syndrome
- ☐ Arthralgias / myalgias
- ☐ Pulmonary insufficiency
- ☐ Bowel / bladder problems
- ☐ Sexual dysfunction
- ☐ Trismus

Occupational Therapy

- ☐ ADL impairments
- ☐ Pain
- ☐ Cancer-related fatigue
- ☐ Weakness / deconditioning
- ☐ CIPN
- ☐ Range of motion problems
- ☐ Lymphedema
- ☐ Shoulder problems
- ☐ Radiation fibrosis syndrome
- ☐ Axillary web syndrome
- ☐ Cognitive impairments
- ☐ Arthralgias / myalgias
- ☐ Hand therapy

Speech / Swallowing Therapy

- ☐ Dysphagia / dysarthria
- ☐ Trismus
- ☐ Head and neck lymphedema
- ☐ Range of motion problems
- ☐ Cognitive impairments

Name (print): _____ Signature: _____

Date: _____ Time: _____ NPI# _____

Cancer rehabilitation services are provided at specialized therapy clinics throughout the St. Louis metro area.
For program and location information visit: revitalcancerrehab.com

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