



Cancer Rehabilitation Exercise Scheme

What does the scheme offer?

C'Fit is designed as a gentle exercise programme to help cancer patients become more active. Hour-long classes are held once a week on Wednesdays at 11am at the **Osprey Leisure Centre**, Castletown, Portland, DT5 1BD. They are supervised by Dawn Haigh, a qualified Level 4 Cancer Rehab Exercise Instructor.

You will be able to attend **12 sessions free of charge**.

How can exercise help me?

Research shows that exercise can help both during and after treatment.

It can help you to:

- ✓ regain mobility after surgery
- ✓ improve your general fitness, help with weight loss and increase muscle mass
- ✓ improve your ability to perform everyday tasks with ease
- ✓ reduce pain in joints and improve bone density
- ✓ improve balance and core strength
- ✓ feel more confident, less stressed and improve your general happiness
- ✓ reduce frustration and bring control back into your life
- ✓ make new friends and meet people in a similar situation

How do I join?

To qualify, you must have had a cancer diagnosis, either recently or in the past.

1. Ask your GP or other health professional for an exercise referral to the C'Fit scheme, using this C'Fit referral form if possible.
2. Once you have your referral, contact Dawn Haigh by e-mail at cfit@csiders.org or leave a message for her at Osprey on 01305 824378 to arrange an initial assessment.
3. The initial assessment will enable you to discuss the scheme in more detail and cover any additional health matters that may affect your exercise.
4. Start the sessions!

C'Fit is supported by:





Cancer Rehabilitation Exercise Scheme – Referral Form

SECTION 1: Patient Information

Full Name:	
Address:	
Telephone:	
e-mail:	
Date of Birth:	

SECTION 2: Referral Information & Patient History

Reason(s) for referral: (please circle)
Cancer diagnosis – pre-treatment / undergoing treatment / post-treatment
Additional relevant medical conditions/information:
Medication: (please provide details of any medications being taken, e.g. attach prescription list)

SECTION 3: Informed Consent

Patient: I hereby give consent to the above medical information being forwarded to the C'Fit scheme and agree to undertake a pre-exercise assessment.

Patient Signature:	
Date:	

Health Professional: I refer the above patient to the C'Fit scheme.

Referrer Details / Practice Stamp:	
Authorised Referrer Signature:	
Print Name:	
Date:	

IMPORTANT: The contents of this form are only valid for 3 months from the date of signing