

Get Up, Get Moving! Physical Activity Recommendation

Patient name: [Click here to enter text.](#)

Age: [Click here to enter text.](#)

Gender: [Choose an item.](#)

Cancer Diagnosis: [Choose an item.](#)

Assessment	
Baseline patient physical activity level	Choose an item. <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 <i>NOTE: If the patient has any of these issues, he or she must receive medical clearance before beginning physical activity.</i>	<input type="checkbox"/> None <input type="checkbox"/> Cardiac disease or toxicities (Cardiomyopathy) <input type="checkbox"/> Bone metastases <input type="checkbox"/> Limited range of motion or lymphedema <input type="checkbox"/> Morbid Obesity (BMI >35) <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Symptomatic anemia <input type="checkbox"/> Fever or active infection <input type="checkbox"/> At risk for falls (Updates based on NCCN fatigue guidelines)
Physical activity goal (include type, frequency, length of time)	Click here to enter text.
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	Choose an item. <input type="checkbox"/> Does not currently want to commit to the recommended exercise. <input type="checkbox"/> Will consider attempting the recommended physical activity <input type="checkbox"/> 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 the usual pain
- New or Increased swelling in a limb