



Casting for Recovery is a national non-profit support and educational program for women who have or have had breast cancer

Retreat Information - Please provide this information to your physician (oncologist, breast cancer surgeon or primary care provider).

In order to attend, you must have your physician sign the Medical Release Form

- We provide an opportunity for women whose lives have been profoundly affected by this disease to gather in a beautiful, natural setting and learn fly fishing, “a sport for life.” Our two-and-a-half day retreats offer a forum for women with similar experiences to meet, learn a new skill and gain a respite from their everyday concerns. The retreats incorporate counseling, educational services and the sport of fly fishing to promote mental and physical healing.
- Women of all ages and in all stages of breast cancer treatment and recovery are eligible to attend ONLY with medical clearance from their physician.
- The weekend retreats provide an avenue for social support and group interactions, reducing the feeling of isolation many survivors might have.
- Trained facilitators, including a psychotherapist, a health care professional (i.e. physical therapist, nurse or physician), and four fly- fishing instructors, staff each retreat.
- Fly-fishing techniques provide a gentle exercise for joint and soft tissue mobility. Lightweight equipment is used and no heavy lifting is involved. However, UNEVEN TERRAIN IS LIKELY. Participants learn the fundamentals of fly casting, knot tying, entomology, and equipment basics – but most importantly, they spend time in or on the water practicing catch-and-release fishing.
- Women are encouraged to participate at their own level of comfort.
- No previous fly-fishing experience is required.
- No medications will be administered, and no treatment or medical advice will be provided by the staff at the retreat.
- However, breast cancer and fly-fishing resources are available and will be discussed.
- Fly fishing is an outdoor sport and some physical activity is required. Please consider whether your patient is well enough to participate in this event. Please let us know what physical limitations your patient may have so that we can do our best to accommodate her.
- Each retreat is offered at no cost to the participants.
- Please fill out the Medical Release Form.

For more information:

www.castingforrecovery.org



CfR does not share medical information with any third-party providers without participant's permission.

Location of retreat	Date of Retreat
Participant's name	

Dear Doctor: Please review the attached information about our retreat and determine if your patient is a good candidate for participation before completing this form. Also, by signing, you confirm that you are this patient's oncologist, breast cancer surgeon, or primary care provider.

Medications:
Allergies:
Any communicable disease that we should be aware of:
Physical or mobility limitations that might restrict participation:

I have reviewed the information regarding the Casting for Recovery and believe the above-named breast cancer patient is a reasonable candidate to participate in the retreat listed above.

Physician's Signature	Date
This form needs to be signed by the patient's oncologist, breast cancer surgeon, or primary care provider.	
Print name and title	
Address	
City, State, Zip Code	
Telephone	Fax

Please complete & return this form to Casting for Recovery
Fax: 406.624.6584
Please call if you are having trouble faxing Phone: 406.624.6583
Email (scans and email to): martha.robertson@castingforrecovery.org
Mail: 109 East Oak St., Ste. 1G, Bozeman, MT 59715