PATIENT REFERRAL FORM FOR Allied Healthcare Professionals		Inspiremeditin		
 Individual and group support for cancer patients in exercise therapy, stress management, mental health, nutrition, and counselling Physicians, Registered Dietitians, Clinical Counsellors, Exercise Therapists All services are free of charge. 		Supportive Cancer Care Web: www.inspirehealth.ca Email: info@inspirehealth.ca Toll Free: 1-888-734-7125 Fax: 604-734-7105		
				Date of Referral:
Referring Healthcare Provider:				
Name:	Specialty:			
Organization:	Billing Number:			
Phone:	Fax:			
Patient Information:				
Name:	Phone:			
Email:	PHN:			
Address (street, city, postal code):				
Date of Birth:	Pre-Treatment	In-Treatment	Post-Treatment	
Cancer Diagnosis:				
InspireHealth Programs & Services (please chec	k all that may benefit your p	atient):		
Nutrition Support Counselling/Art The	erapy Supportive Ca	Supportive Care Physician		
Stress Management (e.g.: mindfulness)	Cancer Education			
*Exercise Therapy including strength/aerob	ics/yoga/qigong classes			

Additional comments:

INSPIREHEALTH SUPPORTIVE CANCER CARE

Please fax your referral form to InspireHealth Supportive Cancer Care at 604-734-7105.

LOWER MAINLAND VANCOUVER 604-734-7125 #240 – 575 West 10th Avenue Vancouver, BC V5Z 4C3

VANCOUVER ISLAND

VICTORIA 250-595-7125 #212 – 2187 Oak Bay Avenue Victoria, BC V8R 1G1

SOUTHERN INTERIOR KELOWNA

InspireHealth

250-861-7125 #204 – 1740 Gordon Drive Kelowna, BC V1Y 3H2