

INSPIREHEALTH SUPPORTIVE CANCER CARE
PATIENT REFERRAL FORM FOR PHYSICIANS

- 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*.

Web: www.inspirehealth.ca
Email: info@inspirehealth.ca
Toll Free: 1-888-734-7125
Fax: 604-734-7105

Date of Referral: _____

Referring Physician:

Name: _____ Specialty: _____
Organization: _____ Billing Number: _____
Phone: _____ Fax: _____

Patient Information:

Name: _____ Phone: _____
Address (street, city, postal code): _____
Date of Birth: _____ PHN: _____
Cancer Diagnosis: _____ ☐ Pre-treatment ☐ In-treatment ☐ Post-treatment

InspireHealth Programs & Services (please check all that may benefit your patient):

- ☐ Nutrition Support ☐ Counselling/Art Therapy ☐ Supportive Care Physician
☐ Stress Management (e.g.: mindfulness) ☐ Cancer Education
☐ *Exercise Therapy including strength/aerobics/yoga/qigong classes

****If referring a patient to exercise therapy, please provide the following information:***

Patient Comorbidities:

- ☐ Cardiovascular Disease ☐ Hypertension ☐ Diabetes ☐ Kidney Disease ☐ COPD
☐ Osteoporosis/Osteopenia

Exercise Considerations and/or Contraindications (e.g.: bone metastases): _____

Recent Blood Pressure Reading (if available): _____

By signing below, I am providing clearance for this patient to participate in exercise.

Physician Signature

Date Signed

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

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