

**INSPIREHEALTH SUPPORTIVE CANCER CARE
PATIENT REFERRAL FORM FOR PHYSICIANS**



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:
Email: PHN:
Address (street, city, postal code):
Date of Birth: Pre-Treatment In-Treatment Post-Treatment
Cancer Diagnosis:

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