

**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* and currently offered virtually

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 10 Ave.

**VANCOUVER ISLAND
VICTORIA**

250.595.7125
#212 - 2187 Oak Bay Ave.

**SOUTHERN INTERIOR
KELOWNA**

604.861.7125
#204 - 1740 Gordon Dr.