

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



InspireHealth
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 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

#200 - 1330 West 8th Ave.

**VANCOUVER ISLAND
VICTORIA**

250.595.7125

#212 - 2187 Oak Bay Ave.

**SOUTHERN INTERIOR
KELOWNA**

250.861.7125

#204 - 1740 Gordon Dr.