

Name		
DOB (yy/mm/dd)	HCN	
Address:		
Contact Phone Number:		

Rankin Family Cancer Rehabilitation Program "Cancer Care Optimization in the Rehabilitation Environment"

Phone: 905-685-1381 Extension: 85325

Fax Referral Form to: 905-687-3226

Date:				
Referring Provider:				
Primary Care provider:				
Oncological Diagnosis:				
Summary of Oncology Treatment:				
Reason for referral:				
restrictions in ambulation/mobility		foot drop		
restrictions in ADLs		wrist drop		
restrictions in community participation		spasticity		
fatigue/deconditioning		neuropathy		
exercise prescription		muscle weakness		
Other:				
For Clinic Use Only – Post Assessment	\sim			
Approved for HDS Rankin Family Cancer Rehabilitation Program	\bigcirc			
Refer to Wellspring Cancer Exercise Program	\bigcirc			
Home Recommended	\bigcirc			

Dr. David T. Harvey, MD FRCPC

Dr. Tatjana Zdravkovic, MD FRCPC



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A referral to this clinic may help your patient with one or more of the following issues:

- Cancer related fatigue/deconditioning.
- Chemotherapy induced neuropathy: pain and decreased mobility.
- Musculoskeletal Pain that is inhibiting function.
- Bladder/bowel issues affecting social function.
- Assessment of fitness and exercise prescription prior to, during or after cancer treatments.
- Assessment and management of restrictions in ambulation, or activities of daily living and community participation.
- Assessment and management of muscle weakness including but not limited to foot or wrist drop.
- Assessment and management of spasticity in patients with spinal cord tumours, mets, or brain tumours.

If you have any questions about referring to this clinic, or if you would like to discuss the case before referring, please feel free to contact our clinic.