



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

**Hotel Dieu Shaver's  
Rankin Family Cancer Rehabilitation Program  
“Cancer Care Optimization in the Rehabilitation Environment”**

*Phone: 905-685-1381 extension: 85303*

**Fax Referral Form to: 905-685-7703**

**Date:** \_\_\_\_\_

**Referring provider:** \_\_\_\_\_

**Referring Physician Billing #:** \_\_\_\_\_

**CPSO#:** \_\_\_\_\_

**Primary Care provider:** \_\_\_\_\_

**Oncological diagnosis:** \_\_\_\_\_

**Summary of Oncology treatment:** \_\_\_\_\_

**Reason for referral:**

- restrictions in ambulation/mobility
- restrictions in ADLs
- restrictions in community participation
- fatigue/deconditioning
- exercise prescription

- foot drop
- wrist drop
- spasticity
- neuropathy
- muscle weakness

**Other:** \_\_\_\_\_

**For Clinic Use Only – Post Assessment**

Approved for HDS Rankin Family Cancer Rehabilitation Program

Refer to Wellspring Cancer Exercise Program

Home Recommended

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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.**