



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: 85316

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.