

# HaleyRehab) REFERRAL

*Strengthening Survivors through  
Comprehensive Physiotherapy*

**Fax to 613-761-5094**

<b>PATIENT NAME</b>	<b>HOSPITAL ID#</b>	<b>TELEPHONE No.</b>	<b>DATE OF BIRTH</b>
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**CANCER DIAGNOSIS AND TREATMENT**

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**PRECAUTIONS**

**REASON FOR REFERRAL**

PHYSIOTHERAPY       MASSAGE THERAPY

**COMMENTS**

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<b>PHYSICIAN'S NAME (please print)</b>	<b>PHYSICIAN'S SIGNATURE</b>	<b>DATE</b>
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