Exercise and Cancer Program

Date
Name
MRN
DOB
Address
Phone

Email this form to LCHS

Referral

Date of referral	
Referrers name, designation, organisation and signature	

Date of diagnosis	
Type of cancer	
Current treatment type and cycle or survivorship	

If this patient is **NOT** suitable for this program, tick this box then email to LCHS. ☐

Exercise and cancer program referral

<u>Please ensure participant's consent is obtained and phone number is included</u>

Email both: "Exercise and Cancer Program"
serviceaccessreferrals@lchs.com.au
exercisegroups@lchs.com.au

S2S referral pathway:
Gippsland - Latrobe - Latrobe Community Health Service - Latrobe - Clinical Services - Exercise Physiology

Phone 1800 242 696

This program is an initiative of Gippsland Regional Integrated Cancer Service, funded by the Victorian Government.