



PHYSICAL ACTIVITY AND CANCER LAB REFERRAL FORM

All Tumor Types	Tumor-Specific
ACCESS (Inside HRM) EXCEL (Outside HRM) -In-person programs in Halifax and various locations across Nova Scotia -Online programs also available	RESIST – Glioblastoma MIBC – Muscle Invasive Bladder Cancer (Prehabilitation Study: 4+ weeks pre-surgery) PANACEA – Advanced Ovarian Cancer (Prehabilitation Study: 4+ weeks pre-surgery)

***Referral to a specific study is not required. All referrals are screened for study eligibility and suitability.**

Attach Patient Label Here OR Complete:

Name: _____

Phone Number: _____

HCN or MRN: _____

TO BE COMPLETED BY ONCOLOGY CARE CLINICIAN

PHYSICAL ACTIVITY CLEARANCE (PARmed-X Physical Activity Readiness Clinician Referral)

Based on the review of the health status of _____ (print name) I recommend the following course of action.

- The participant should avoid physical activity at this time.
- The participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified exercise professional (or other appropriately trained health care professional) and overseen by a physician)
- The participant is cleared for intensity and mode appropriate physical activity/exercise training under the supervision of a qualified exercise professional.
- The participant is cleared for intensity and mode appropriate physical activity/exercise training with limited supervision (i.e., unrestricted physical activity).

Clinician Name (print): _____

Clinician Signature: _____

Date of Medical Clearance (mm/dd/yy) _____

Questions?
 Call: (902) 473-2035
 E-mail: EXcancer@nshealth.ca
Fax form to (902) 429- 2809