PAC ICARE
Physical Activity & Cancer Integrated Care

EXERCISE
REFERRAL FORM

PATIENT INFORMATION / LABEL

Name: _____ DOB: _____ / ____ / ____

MRN: _____

Ph: (_____) _____

1. PRESCREENING

Meeting guidelines: ≥30 min of moderate exercise on ≥5 days/week for ≥ 3 months

☐ YES – NOT ELIGIBLE "Congratulations on successfully meeting the physical activity guidelines—this is an important achievement and a strong step toward supporting your overall health and well-being."

☐ NO – CONTINUE WITH REFERRAL

2. MEDICAL CLEARANCE & PRECAUTIONS

Clinical Status:

☐ The patient is cleared for the intensity and mode of appropriate physical activity/exercise training under the direction of a Clinical Exercise Physiologist (CEP).[1]

☐ The patient is clear for intensity and mode of appropriate physical activity/exercise training under the direction of a Qualified Exercise Professional (QEP).[2]

Special precautions:

☐ Bone metastases (Site(s)): _____) ☐ Cardiotoxicity risk

☐ Lymphedema (Location: _____) ☐ Peripheral neuropathy

☐ Surgical precautions/lifting restrictions (e.g., ≤10lbs)

☐ Other (specify): _____

3. CEP COMMUNICATION & PATIENT CONSENT

☐ **I confirm the patient is aware of this referral and provides consent to share their health information with the PAC LAB Clinical Exercise Physiologist for intake.**

Print Name: _____ **Clinician Signature:** _____ **Date:** _____

Call the PAC Lab for pick up at (902) 473-2035 or email to excancer@nshealth.ca.

Email form

[1] A CEP is trained in exercise science and has advanced clinical training and certification, allowing them to assess and manage patients with complex health conditions (including cancer).

[2] A QEP is a fitness professional with specific knowledge of cancer-related health issues, capable of delivering safe exercise programs for persons living with and beyond cancer (LWBC) but typically lacks the extensive clinical training of a CEP, focusing more on general fitness and safe exercise guidance for persons LWBC.