

# 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 pilot program, tick this box then email/fax to LCHS.

**Please ensure participant's consent is obtained and phone number is included**

Email both: "Exercise and Cancer Program"  
[serviceaccessreferrals@lchs.com.au](mailto:serviceaccessreferrals@lchs.com.au)  
[exercisegroups@lchs.com.au](mailto:exercisegroups@lchs.com.au)

S2S referral pathway:

Gippsland - Latrobe - Latrobe Community Health Service - Latrobe - Clinical Services - Exercise Physiology

Phone 1800 242 696

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

**Exercise and cancer program referral**