



JOHN P SCHAMAN MD

Cardiac Rehabilitation | Sports Medicine

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Phone (519) 648 2252 • Fax (519) 648 3686

~ Exercise ~ Diet ~ Stress Management ~ Group Support ~

REFERRAL FORM

DATE:		
PATIENT NAME:		
HOME PHONE#		WORK PHONE#
REASON FOR REFERRAL:		
<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> Sports Medicine	
<input type="checkbox"/> Cardiovascular Exercise Stress Assessment	<input type="checkbox"/> Musculoskeletal Rehabilitation	
<input type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Chronic Pain Syndrome	
Comments:		
PHYSICIAN'S NAME		ADDRESS
PHYSICIAN BILLING#		
PHYSICIAN'S SIGNATURE	PHONE #	FAX #

PATIENT INSTRUCTIONS:

1. When you receive this referral form from your doctor, please phone (519) 648-2252 for appointment arrangements.
2. Please bring this referral form and a list of medications to your appointment.
3. Bring or have your doctor send/fax recent laboratory results and pertinent medical records.