



# JOHN P SCHAMAN MD

Cardiac Rehabilitation | Sports Medicine

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Breslau, Ontario, N0B 1M0

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:	
PHYSICIAN'S SIGNATURE:	PHONE#

### 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.