香港中文大學醫院
CUHK
Medical Centre

物理治療轉介書
Referral for Physiotherapy

Date:_____

To: Physiotherapist in-charge/ _____

Re: (Patient's Name): _____

(Patient ID No.): _____

Diagnosis: Stage III/ high risk stage II colon cancer

This gentleman/ lady suffered Ca colon since _____.

He/ She had surgery (operation type:) on ____.

He/ She completed adjuvant chemotherapy (drug regimens:) on ____.

Please kindly offer him/ her the structured exercise program according to protocol described in CHALLENGE trial. He/ She will have oncology follow-up on _____. Thank you for your expertise.

Remarks/ Precaution:

Doctor's Signature and Chop:_____

Doctor's Contact: _____

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