



**Clinic Referral Form**

**Disease specific Group Education Session**

**Diagnosis:**  Asthma  COPD (you must select only one)

- The patient will be booked to receive education on their condition and medication devices. Education is delivered in a group format either in person with the educator or via Telehealth at VRH, SMH and ACHC

**These sessions do not include individual assessment / follow-up or diagnostics.**

**Disease specific Group Education Session**

**Diagnosis:**  Asthma  COPD  Other \_\_\_\_\_  Unsure

The patient:

- May be booked for spirometry prior to their visit to confirm the diagnosis.
- Will have an Initial Assessment by a Respiratory Educator; a report will be provided with management opportunities to you.
- Will receive education regarding their condition, medications and devices, including a written action plan.
- Reassessment and follow-up (at six and twelve months) with the educator will be arranged.
- Other tests as required (i.e. CXR, ABG's Bronchial Challenge or PFT's) may be arranged.
- Referrals for allergy testing or to a specialist may be facilitated.
- The Pulmonary Rehab Program will be recommended as appropriate.

Please list current Respiratory Medications:

\_\_\_\_\_  
\_\_\_\_\_

Medical History:  GERD  Eczema  Allergies  PND/Sinusitis  Heart Disease \_\_\_\_\_

Other relevant medical conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

Referring Physician / NP: \_\_\_\_\_ Print: \_\_\_\_\_

Doctor Fax Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Print: \_\_\_\_\_

**Please fax all referrals to 678-0098  
The appointment will be mailed to the patient.**

**Appointment date and time:** \_\_\_\_\_  
(Booking office use only)

