



PULMONARY REHABILITATION REFERRAL

- Yarmouth Regional Hospital
- Roseway Hospital
- Digby General Hospital

FOR MORE INFORMATION, PLEASE CALL
902-742-3542 EXT. 1201

Pulmonary Diagnosis

- COPD
- Asthma
- Lung CA
- Interstitial Lung
- Lung Transplant/Reduction
- Cystic Fibrosis
- Sleep Apnea
- Know CO₂ Retention
- Other

- a) Most recent acute respiratory event/hospital admission with date _____
 - b) Cardiac/Medical History _____
 - c) Is patient on Home oxygen? NO YES _____ L/min x _____ hrs/day since _____
 - d) Other Relevant Info/Special Considerations _____
- This patient is committed to attending the FULL program, 2 times a week for 10 weeks

Limitations

Does your patient suffer from any of the following limitations?

- Shoulder Back Knee Other _____
- Shortness of breath on exertion? _____
- Any walking aids (cane, crutches, etc)? _____
- Difficulty with stairs? _____
- Other limitations? _____

Sign and Fax

FAX COMPLETED FORM TO:
Dr. Eissa (Respirologist)
1-902-881-2802

Physician's Signature

Internist Use Only: Appropriate: Yes No

Standing Orders:

- Salbutamol (Ventolin) 2 to 4 puffs q4h PRN [MDI with spacer]
- Supplemental Oxygen [nasal prongs]:
 - Administer to keep SpO₂ greater than 88-92% **OR**
 - Administer 3L/min (acute angina, etc., unless known for CO₂ retention)

CODE STATUS (Patient is a FULL CODE unless otherwise stated):

- "FULL CODE" Status
- Other Code Status (specify): _____

OFFICE USE ONLY

Date Received _____
 Intake Date _____
 Enrolled: YES NO
 Comments: _____

Internist's Signature