

Respiratory Management Services Referral Form

Patient Name:	PHN:
Home: Work: Cel:	Address:
DOB: (dd/mm/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Family Physician: Fax: Phone:	Respirologist: Fax: Phone:

Diagnosis: COPD Asthma Bronchiectasis Alpha-1 Other: _____

Reason for Referral: Recent ED visit Recent hospital admission New diagnosis
 Education required Other: _____

Preferred Program: *See list of program locations on the back of this form. Please note not all locations provide all services.*

- Respiratory Self Management Education (1:1 education)
 Pulmonary Rehabilitation (group education and exercise)
 COPD Clinic (respirologist consult)

Patient suitable for group?

Yes No Specify: _____

Patient able to safely participate in a graduated exercise program?

Yes No Specify: _____

Medications: *or attach current list to fax*

Relevant History: *or attach recent consult to fax*

Cardiac disease Neurological deficits Arthritis Other: _____

Patient and/or family aware of referral? Yes No

REFERRING PHYSICIAN NAME: _____

REFERRING PHYSICIAN SIGNATURE: _____ **DATE:** _____

Attach to fax:

- | | | |
|---|----|---|
| <input type="checkbox"/> Recent Spirometry/PFT results
<input type="checkbox"/> Exercise Oximetry
<input type="checkbox"/> Chest x-ray
<input type="checkbox"/> ECG
<input type="checkbox"/> Respirology consultation notes | OR | <input type="checkbox"/> Ordered and pending
<input type="checkbox"/> Stress Test
<input type="checkbox"/> Hematology panel
<input type="checkbox"/> Action Plan <i>if available</i> |
|---|----|---|

Fax this form to program of choice listed on the back of this form.

Vancouver Coastal Health Authority

Vancouver		
<input type="checkbox"/> Pulmonary Rehabilitation Program Vancouver General Hospital	Fax: 604-642-8801 Phone: 604-875-4111 x 63099	Group Pulmonary Rehabilitation Maintenance Exercise
<input type="checkbox"/> COPD Transition Team (hospital to home) Vancouver General Hospital <i>*COPD, asthma & bronchiectasis only</i>	Fax: 604-675-2492 Phone: 604-875-4111 x 21532	Respiratory Self-Management Education <i>*COPD, asthma & bronchiectasis only</i>
<input type="checkbox"/> The Lung Centre Vancouver General Hospital	Fax: 604-875-4695 Phone: 604-875-4122	COPD Clinic (includes Respiriologist consult and Self-Management Education)
<input type="checkbox"/> St. Paul's Hospital Education Centre	Fax: 604-806-8544 Phone: 604-806-8808	Respiratory Self-Management Education Smoking Cessation Counselling
<input type="checkbox"/> St. Paul's Hospital Physiotherapy Department	Fax: 604-806-9143 Phone: 604-806-8115	Group Pulmonary Rehabilitation Maintenance Exercise Airway Clearance Teaching
<input type="checkbox"/> Pacific Lung Health Centre St. Paul's Hospital	Fax: 604-806-8839 Phone: 604-806-8818	COPD Clinic (includes Respiriologist consult and Self-Management Education)
North Shore		
<input type="checkbox"/> Lions Gate Hospital	Fax: 604-297-9681 Phone: 604-984-5752 ext 2	Group Pulmonary Rehabilitation Maintenance Exercise Respiratory Self-Management Education
Richmond		
<input type="checkbox"/> Community Respiratory Program Garratt Wellness Centre	Fax: 236-454-1097 Phone: 604-369-7941	Group Pulmonary Rehabilitation Maintenance Exercise Respiratory Self-Management Education
Fraser Health Authority		
<input type="checkbox"/> Community Respiratory Services (in home services) <i>*COPD only</i>	Fax: 604-514-6079 Phone: 604-514-6106	Respiratory Self-Management Education <i>*COPD only</i>
Fraser North		
<input type="checkbox"/> New Westminster Pulmonary Rehabilitation Clinic	Fax: 604-523-8801 Phone: 604-523-8800	COPD Clinic (includes Respiriologist consult) Group Pulmonary Rehabilitation Maintenance Exercise Respiratory Self-Management Education Smoking Cessation Counselling
<input type="checkbox"/> Ridge Meadows Hospital	Fax: 604-463-1887 Phone: 604-463-1820	Group Pulmonary Rehabilitation Maintenance Exercise Respiratory Self-Management Education Smoking Cessation Counselling
Fraser South		
<input type="checkbox"/> Langley Memorial Hospital	Fax: 604-533-6449 Phone: 604-534-4121 ext 745273	Group Pulmonary Rehabilitation Respiratory Self-Management Education
<input type="checkbox"/> Lung Health Jim Pattison Outpatient Care and Surgery Centre	Fax: 604-528-5430 Phone: 604-582-4550 ext 763868	COPD Clinic (includes Respiriologist consult) Group Pulmonary Rehabilitation Maintenance Exercise Respiratory Self-Management Education Smoking Cessation Counselling