



**RESPIRATORY EDUCATION CENTRE**  
**REFERRAL FORM**

Patient information label

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email address: \_\_\_\_\_ Referral date: \_\_\_\_\_

The Respiratory Education Centre provides educational counseling and support to adults (>16yrs) with asthma, COPD, or mixed asthma/COPD. Physicians and nurse practitioners can refer, and remain responsible for the medical care of the patient. These services are provided at no cost to patients.

- Current smoker
- Former smoker (pack per year history \_\_\_\_\_ )
- Non-smoker

1. Diagnosis:  Asthma (spirometry attached)\*       COPD (spirometry attached)\*

\* If diagnosis has not been confirmed by spirometry, please request "SPIROMETRY/FLOW VOLUME LOOPS WITH BRONCHODILATOR" on the *Requisition for Outpatient Pulmonary Function Testing*, **BEFORE** referring your patient.

For all patients with COPD, the *Living Well with COPD* program is offered

2. Respiratory Medications & Dosages: \_\_\_\_\_

\_\_\_\_\_

3. Other Concomitant Diseases: \_\_\_\_\_

\_\_\_\_\_

4. Reason for referral:  New Dx    ER Visit    Smoking Cessation    Knowledge Deficit  
 Other (specify): \_\_\_\_\_

\_\_\_\_\_

5. Factors that may affect teaching/learning:  Language barrier    Hearing impairment  
 Visual impairment    Cognitive impairment    Physical disability  
 Other (specify): \_\_\_\_\_

\_\_\_\_\_

As per the CTS/BCMA, a patient Action Plan for self management (BCMA version) will be forwarded to the referring physician or nurse practitioner for completion.

Key Question(s):

\_\_\_\_\_  
Referring Physician/Nurse Practitioner/HCP  
(Please print)

**PLEASE FAX this page to the Respiratory Education Centre (250) 370-8831**