St. Mary's General Hospital
435 The Boardwalk, Suite 306
Waterloo ON N2T 0C2
Tel: 226-896-2026

Airway Clinic
Education Referral Form

Patient Label

PLEASE FAX REFERRAL FORM TO 226-896-2030

Please call the Airway Clinic at 226-896-2026 if you have any questions or concerns

Patient Name: _____ HCN#: _____

Date of Birth: _____ Gender: □ Male □ Female

Parent Name (if applicable): _____

Address: _____

_____

Phone (Home): _____ (Work): _____

Referring Physician/Nurse Practitioner: _____ CPSO #: _____

Family Physician (if different from referring provider) _____

Reason for Referral: If diagnosis unclear please refer the patient for spirometry or pulmonary function testing using Airway Clinic Pulmonary Diagnostics Referral Form before referring for Education

□ **Asthma Clinic** - includes pre and post bronchodilator spirometry if appropriate and self- management education

□ **Activation Program** - Brief self-management education and exercise program for people living with COPD or Pulmonary Fibrosis. (***Must include spirometry/PFT confirming diagnosis with referral)***

□ **COPD Self-management Education** (only for those not appropriate for exercise program)

Please indicate reason patient is not able to complete exercise _____

□ **Smoking Cessation Counseling** - group and individual counselling options offered to all referrals, spirometry screening available for those at risk for COPD

Relevant Medical History and Current Medications: (please attach previous spirometry or PFT results)

Signature of Referring Provider: _____ Date: _____

Provider Address: _____

Provider Phone number: _____ Fax: _____

SMGH Airway Clinic Response:
Please notify your patient an appointment has been scheduled for:

Date: _____ **Time:** _____