

Rural Respiratory Therapy Referral

Rural South (<i>High River, Okotoks, Vulcan, Claresholm, Black Diamond, Nanton</i>)	
Fax 403.652.0122	Phone 403.652.0115
Strathmore	
Fax 403.361.7015	Phone 403.361.7155
Didsbury	
Fax 403.335.2502	Phone 403.335.2511

Last Name		First Name
Birthday(yyyy-Mon-dd)		
Gender		
PHN #		
Address		
Phone	Work	Cell
E-mail		

Date (yyyy-Mon-dd)

Referral Information		
Reason for Referral (<i>patient must be 16 years and older</i>)		
<input type="checkbox"/> Spirometry <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up Previous lung function testing completed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Suggest management <input type="checkbox"/> Education and inhaler techniques <input type="checkbox"/> Tobacco reduction <input type="checkbox"/> Design and support action plan related to asthma or COPD <input type="checkbox"/> Oximetry/ABG Assessment – including ABG's if appropriate <input type="checkbox"/> Room Air <input type="checkbox"/> On oxygen		
Diagnosis	<input type="checkbox"/> Asthma <input type="checkbox"/> COPD	<input type="checkbox"/> Unconfirmed
<input type="checkbox"/> Other _____		
Relevant Medical History		

Medications (<i>list all</i>)	Factors that may affect learning (<i>check all that apply</i>)	
	<input type="checkbox"/> Language spoken (<i>specify</i>) _____ <input type="checkbox"/> Psychological (<i>specify</i>) _____ <input type="checkbox"/> Economic (<i>specify</i>) _____ <input type="checkbox"/> Other (<i>specify</i>) _____	
Referral Source		
Referring Physician/ Nurse Practitioner	Referring Prac ID	PCN
Address	Phone	Fax
Family Physician (<i>if different</i>)	Family Prac ID	PCN
Physician's signature	Date (yyyy-Mon-dd)	Pager or contact number

Patient Instructions (*Please provide copy of referral to patient*)

Spirometry referrals

- Please arrive 10 min prior to appointment time
- Bring medication list and all respiratory medications to the appointment
- No Smoking 1 hour prior to testing
- **Initial Visit:** Withhold ALL inhalers and Singulair (Montelukast) for 24 hours prior to spirometry testing
- **Follow-up visit (to assess medication efficacy):** Ideally use all medications **EXCEPT** rescue inhaler (Ventolin, Bricanyl) 4 hours prior to spirometry testing.
 * **Please use rescue inhaler at any time if necessary**