Alberta Health
Shared Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name Last First	DOB *(dd-Mon-yyyy)*
PHN	ULI Same as PHN / MRN
Administrative Gender Male Female Non-binary/Prefer not to disclose (X)	

Pleural Care Clinic Referral

- Fax completed referral to **403.348.8824**
- For further information or assistance please call 403.348.8808
- **Service Description:** Offer symptom relief to cancer patients with shortness of breath due to malignant pleural effusions. Clinic for patients with presumed or confirmed malignant pleural effusion, specializing in Indwelling Pleural Catheters (Pleurx) to help drain the fluid.
- **Eligibility Requirement:** A Pleural Effusion that has been tapped by thoracentesis and the fluid sent for Cytology, LD, Total Protein, Albumin, glucose, culture or gram stain and cell count. The patient must have an underlying malignancy or suspected malignancy.

It is the referring physician's responsibility to arrange for thoracentesis if needed prior to initial Pleural Clinic appointment. Please order chemistry (LD, total protein, albumin, glucose and C&S) as well as cytology, if thoracentesis done.

Referral Date *(dd-Mon-yyyy)*		
Address		City/Town
Postal Code	Home Phone	Alternate Phone

Who has been informed of the reason for this referral?
☐ Patient ☐ Legal Decision Maker

Additional Patient Information *(Check all that apply)*
☐ Patient has a guardian ☐ Patient is unable to communicate well in English
☐ Patient has alternate Contact ☐ Patient has vision requirements
☐ Patient has hearing requirements

Special Considerations *(Check all that apply)*
☐ Interpreter required ☐ Physical limitations ☐ Social/Psychological ☐ Economic

Additional Details _____

Referral Information

☐ Malignant Pleural Effusion
☐ Other Reason *(specify)* _____

Brief Clinical/Medical history with listed symptoms *(or attach most recent clinical note with medical history)*

Referral Source

Referring Provider	Designation/Prac ID	Phone	Fax
Referring Provider Address			
Family Physician *(if different from referring source)*		Phone	Fax