REFERRAL FORM

Patient Demographics:
Full Name:  
DOB:  
Phone:  
Sex:  
HIN:  
Email:  
Address:  

REQUEST (PLEASE CHECK ALL THAT APPLY):
- Pulmonary Function Test (PFT)
- Spirometry/DLCO
- Methacholine Challenge Test
- ABG
- Spirometry
- FeNO
- 6-minute Walk Test
- Respirology Consultation*

URGENCY OF REFERRAL
<table>
<thead>
<tr>
<th>Urgent</th>
<th>Semi-Urgent</th>
<th>Routine</th>
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REASON FOR REFERRAL
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<tr>
<th>Cough</th>
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<th>COPD</th>
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CLINICAL INFORMATION

REFERRING PHYSICIAN
Name:  
PRAC ID:  
Clinic:  
FAX:  
Signature:

PATIENT PREPARATIONS FOR PFT TESTING:
- Smoking and caffeine (coffee, tea, cola drinks, etc) should be avoided 2 hours before the test.
- Patient may need to stop rescue inhalers 4 hours and maintenance inhalers 12 hours prior to the test or as advised.

*Recent PFT and CXR are essential elements to pulmonary evaluation in most cases. If no recent PFT or CXR results are available, we may arrange these tests as part of our respirology consultation.

PLEASE ADVISE PATIENTS:
- Bring Alberta Heath Card and one other piece of identification to the appointment.
- Bring a list of all current medications to the appointment.
- On site pay parking is available.
- Arrive at least 10 minutes prior to the appointment to fill out a short questionnaire and sign consent.
- If patient does not speak English fluently, please bring a family member or a friend to help with translation.
- Please provide at least 48 hours notice for any cancellations or changes to appointment times. Email the clinic at U-Breathe.Clinic@u-breathe.ca or call 403-475-9766.
- Additional information can be found on our website at www.u-breathe.ca

PLEASE FAX REFERRAL TO: (403) 538-6745
Referral forms can also be downloaded from our website at www.u-breathe.ca

You will be notified with the date and time of your patient’s appointment. Your patient will be informed as well.

ALL PFT RESULTS ARE AVAILABLE ON NETCARE.