U-BREATHE ASTHMA & COPD EXCELLENCE CENTR	REFER FORM	RAL	Pu	Imonary Fur algary Locat Phone: (40 Fax: (403 Clinic@u	spirology Clinic & action Laboratory ions to Serve You 03) 475-9766 3) 538-6745 -breathe.ca oreathe.ca
Patient Demo	graphics	Da	ate		
Name		PF	IN		
Sex at Birth M	○ F ○	Ph	one		
DOB		En	nail		
Address					
\frown	ASE REVIEW AN				
\bigcirc	Intion Test (PFT) A	-	\sim	erial Blood Ga	
()	piratory Educator (nent, includes PFT		FeN	IO (Not Provin	icially Covered)
Spirometry & DLCO			6- Minute Walk Test		
Spirometry C	nly		Car	diopulmonary	/ Exercise Test
	e Challenge Test (N or both Adult and Pe		Res	pirology Cons	ultation 16+
Urgency of Ref	ferral				
Urgent	🔵 Semi-Urg	gent (🔵 Routi	ne	
Reason For Re	ferral				
Diagnostic Testing	Asthma: Dia & Managen	-	COPD:D &Mana	Diagnosis C	OTHER:
5	_			5	
Additional					
Clinical Information					
If Required					
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Referring MD					
	Clinic Name				
	Practice ID				
This facility is accredited by	Fax Number				
LL PFT & TEST RESULTS AVAILABLE ON ALBERTA NETCARE					



PATIENT **INFORMATION**

ASTHMA & COPD EXCELLENCE CENTRE

U-Breathe Respirolology Clinic & Pulmonary Function Laboratory 2 Calgary Locations to Serve You

Phone: (403) 475-9766 Fax: (403) 538-6745 Clinic@u-breathe.ca www.u-breathe.ca

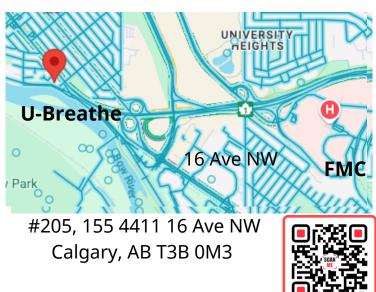
PATIENT PREPARATIONS FOR PFT TESTING:

- Smoking and caffeine (coffee, tea, cola drinks, etc) should to be avoided 2 hours before the test. Additional instructions may be provided at the time of booking.
- Recent PFT and CXR are essential components to pulmonary evaluation. If no recent PFT or CXR results are available, we will arrange these tests as part of our respirology consultation.

PATIENTS PLEASE NOTE:

- 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 free parking is available at our Nolan Ridge location and on-site pay parking or street parking is available at our Bow River location.
- Kindly arrive at least 10 minutes prior to the appointment to fill out a short questionnaire and sign the consent form.
- If you do not speak English fluently, please bring a family member or friend to help with translation.
- Please provide at least 48 hours notice for any cancellations or changes to appointment times (to avoid charges) by calling or emailing the clinic.

BOW RIVER LOCATION



NOLAN RIDGE LOCATION





Additional information can be found at www.u-breathe.ca