

## COPD PROGRAM REFERRAL FORM

Please complete all sections and FAX to COPD Clinic at **519-646-6292**

### PATIENT INFORMATION

(please affix label or complete info):

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M F  
(YYYY/MM/DD)

Health Card #: \_\_\_\_\_

PIN or J Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### HEALTH CARE PROVIDER INFORMATION

(please affix label or complete info):

Name: (please print) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_  
(if not the ordering HCP)

Patient has no primary care provider

### Reason for Referral:

- COPD diagnosis, assessment and management
- COPD post-exacerbation (ED or hospitalization) assess
- COPD post-exacerbation CC2H patient

For Pulmonary Rehab referral information, please visit SJHC website: <https://www.sjhc.london.on.ca/areas-of-care/lung-diseases-program/services>

### Help us Prioritize your Referral Request:

Date of most recent COPD hospital admission \_\_\_\_\_

Date of most recent COPD ED visit \_\_\_\_\_

COPD confirmed by Spirometry/PFTs?  YES  NO

Clinically stable  YES  NO If no explain: \_\_\_\_\_

History of Asthma  YES  NO

Smoking History #/day \_\_\_\_\_ for \_\_\_\_\_ yrs.

Former Smoker and Quit \_\_\_\_\_

Life long non-smoker

### COPD is categorized as:

- Mild COPD (FEV<sub>1</sub> ≥ 80%)
- Moderate (FEV<sub>1</sub> 50-79%)
- Severe COPD (FEV<sub>1</sub> 30-49%)
- Very Severe COPD (FEV<sub>1</sub> < 30%)

### Supporting Documents (Please send a copy if unavailable on Cerner Powerchart or Clinical Connect)

- Current medication list
- Current PFT report (within 1 year)
- Most recent chest x-ray report (within 1 year)
- Most recent echocardiogram (within 1 year)
- Most recent medical specialist report pertaining to COPD
- Most recent blood work or ABGs (within 3 months)

### Patient Assistance required for appointment:

Ambulation: \_\_\_\_\_

Interpreter (language): \_\_\_\_\_

Oxygen therapy on arrival: \_\_\_\_\_ Litres