COPD Referral Form

Black Creek Community Health Centre
Ontario's Community Health Centres
1 Yorkgate Blvd., Unit 202
Toronto, ON, M3N 3A1
T: (416) 246-2388
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CLINIC USE ONLY	
Date Received:	**Appointment Date:**
	☐ Interpretation required

Patient Information

Name			M ☐ F ☐	DOB:	YYYY MM DD	
	Last name	First name		Phone :	(Home)	
Address					(Work)	
	Street	City/Town	Postal code		(Mobile)	
OHIP#		Exp.				
		code		MM	YYYY	☐ Previous COPD education?
Allergies:			☐ NKA			
Language of Interpretation, if required:						

Reason for Referral	Medications	Dose	Freq.
☐ New Diagnosis			
☐ COPD Self-management education			
☐ Spirometry			
☐ Pre Spirometry only	**Inhalers:**		
☐ Pre and Post Spirometry			
☐ Post exacerbation			
☐ Smoking Cessation			
☐ Kinesiology (Exercise Therapy)	**Oxygen prescription:**		
☐ Mindfulness Meditation			
☐ Comments: _____	☐ **Attached**		

Relevant history:

☐ Cardiovascular disease	☐ Diabetes	☐ Depression	☐ Glaucoma
☐ Neurological deficits	☐ Cancer	☐ Anxiety	☐ Fibromyalgia
☐ Arthritis	☐ Rhinitis	☐ Osteoporosis	☐ Other

LABORATORY RESULTS: Please attach all recent

☐ Spirometry/PFT test reports (if available)
☐ Relevant consultation notes or hospital discharge summaries (if available)

Goal of COPD visit:

Does your patient have any pre-existing health condition that would make exercise unsafe?

☐ Yes
☐ No
Specify _____

Referring Provider Information (or stamp):	**Primary Care Provider (Physician/Nurse Practitioner)**
Name: Address: Phone: Fax: **Signature:**	