



COPD CLINIC

Fax form to: (519)-740-4905

Physician Referral Form

COPD Clinic Physician: Respiriologist, Dr. Ali

The COPD Clinic is a nurse-practitioner led outpatient clinic focused on education and optimization of care for the patient with confirmed COPD in consultation with Respirology.

Please refer directly to Respirology if a Respirology review is required

Referring Physician / NP Name: _____ Fax #: _____

Family Physician Name: _____

Internist / Respirologist: _____

Goal of Referral: _____

Patient Name: _____

Health card number: _____

Telephone Number: _____

Address: _____

Primary Diagnosis: _____

Co-Morbidities: _____

Patients accepted into the COPD Clinic must meet the following inclusion criteria:
Physician or NP referral with a confirmed diagnosis of COPD by Spirometry or Pulmonary function testing if available

Please attach the following information if available:

- Past medical history
- Current medication list
- Most recent lab results
- Copy of CXR report
- Copy of most recent Pulmonary Function Test, or Spirometry

Physician Signature: _____ Date: _____