

Physician Referral Form

Please select a COPD Clinic Physician

No Preference Dr. Macie - Respiriologist Dr. Mathai - Respiriologist Dr. Ali - Respiriologist

The COPD clinic is an outpatient clinic focused on education and optimization of care for the patient with confirmed COPD.

Please refer directly to Respiriology if a Respiriology review is required

Referring Physician Name: _____ Fax #: _____

Family Physician Name: _____

Internist / Respiriologist: _____

Goal of Referral: _____

Patient Name: _____

Health Card #: _____

Telephone Number: _____

Address: _____

Primary Diagnosis: _____

Co-morbidities: _____

Patients accepted into the COPD Clinic must meet the following inclusion criteria:

- Physician referral with a confirmed diagnosis of COPD
- Spirometry testing within the last 6 months
- 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

Admission to the COPD Clinic will be determined by the COPD team physician.

Physician Signature: _____ Date: _____

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