Urgency:	Date Received:
Provider:	Referred By:
Reasons for referral/chief complaint: *Completed by refe	erring provider*
Does this patient have a previous diagnosis of: *Compl	leted by referring provider*
Asthma	
☐ COPD ☐ Not yet diagnosed (please select Asthma/COPD Screen	ning below)
	ompleted by referring provider* se note:
Smoking Cessation referrals car	quire a Physician/NP referral n be completed by any provider type must live in the catchment
Asthma clinic (1hr appointment); All ages accepted, spin	rometry age 5+ years
☐ COPD clinic (1hr appointment)	
Asthma clinic and COPD clinic include the following: Spirometry:	
- pre/post bronchodilator: Ventolin 4 puffs administered	
- pre only: No bronchodilator	
Assessment: - examination, oximetry, and auscultation	
- chief complaint and patient history	
Education:	
 inhaler device instruction aerochamber (spacer device) instruction 	
 resp. medication types, uses, differences, side effects, prec triggers (cough, SOB, chest tightness, wheeze, allergies, sn 	
	riog, pers, etc.)
- Patient Action Plan and self-management	
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 Patient Action Plan and self-management respiratory device teaching (peak flow meters, mucus cleara respiratory resources (handouts, informational sheets, comite assessing symptom control 	munity resources)
 Patient Action Plan and self-management respiratory device teaching (peak flow meters, mucus cleara respiratory resources (handouts, informational sheets, com 	munity resources) t diagnosed (1hr appointment)

Smoking Cessation/Reduction includes:

- support (includes strategies, triggers, components of a cigarette, behavioural modification, harm reduction, smoking logs, workbook exercises
- STOP program enrollment (NRT dispensing)
- group smoking cessation program (when offered)
- CO breath test

Please Note

- 1. To assess reversibility for level of impairment and patient is on puffers, please counsel patient to refrain from controller 4 days and reliever 4 hours before actual appointment, unless you determine patient breathing couldn't tolerate this.
- 2. It is also recommended for the patient to not drink coffee before appointment, NOT SMOKE 2 HOURS piror to test.
- 3. Contra-indications to spirometry: unstable cardiovascular state (recent MI <1 month), pulmonary embolism, uncontrolled HTN, recent stroke <3 months, recent eye surgery <1-2 months, hemoptysis, known aneurysm, recent pneumothorax, pregnancy, suspected TB.

Comments/special considerations: *Completed by referring provider*				
Triage Details: *Completed by Respiratory Therapist*				
Scheduling: *Completed by admin*				
Actions: Receipt Accepted Declined Need Info	☐ Appointment	Patient Confirm		
Referral History: Remember Event Notify Add to WAIT LIST				