



Division of Tourin Professional

REFERRAL FORM

U-Breathe Respiriology Clinic & Pulmonary Function Laboratory
Suite 205, 4411 – 16th Avenue N.W.
Calgary, Alberta T3B 0M3 CANADA
P:(403)475-9766 F:(403) 538-6745

Patient Demographics:

Full Name: _____ Sex: _____
DOB: _____ HIN: _____
Phone: _____
Email: _____
Address: _____

REFERRING PHYSICIAN

Name: _____
PRAC ID: _____
Clinic: _____
FAX: _____
Signature: _____

REQUEST (PLEASE CHECK ALL THAT APPLY):

- Pulmonary Function Test (PFT) [Adult / Child]
- CRE assessment and PFT
- Spirometry/DLCO
- Spirometry Only
- Methacholine Challenge Test (MCT) [Adult / Child]
- Arterial Blood Gas (ABG)
- FeNO (Not provincially covered)
- 6-minute Walk Test
- Cardiopulmonary Exercise Test (CPET)
- Respiriology Consultation (Asthma or COPD) *

URGENCY OF REFERRAL

<input type="radio"/> Urgent	<input type="radio"/> Semi-Urgent	<input type="radio"/> Routine
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REASON FOR REFERRAL

<input type="radio"/> Diagnostic Testing
<input type="radio"/> Asthma – Diagnostic Workup, Management
<input type="radio"/> COPD – Diagnostic Workup, Management

CLINICAL INFORMATION

PATIENT PREPARATIONS FOR PFT TESTING:

- Smoking and caffeine (coffee, tea, cola drinks, etc) should to be avoided 2 hours before the test.
- Patient may need to stop rescue inhalers 4 hours and maintenance inhalers 12 hours prior to the test or as advised.

* Recent PFT and CXR are essential elements to pulmonary evaluation in most cases. If no recent PFT or CXR results are available, we may arrange these tests as part of our respiratory consultation.

PLEASE ADVISE PATIENTS:

- Bring Alberta Heath Card and one other piece of identification to the appointment.
- Bring a list of all current medications to the appointment.
- On site pay parking is available.
- Arrive at least 10 minutes prior to the appointment to fill out a short questionnaire and sign consent.
- If patient does not speak English fluently, please bring a family member or a friend to help with translation.
- Please provide at least 48 hours notice for any cancellations or changes to appointment times. Email the clinic at **Clinic@u-breathe.ca** or call **403-475-9766**.
- Additional information can be found on our website at **www.u-breathe.ca**

PLEASE FAX REFERRAL TO: (403) 538-6745

Referral forms can also be downloaded from our website at www.u-breathe.ca
You will be notified with the date and time of your patient’s appointment. Your patient will be informed as well.

ALL PFT RESULTS ARE AVAILABLE ON NETCARE.