Woolwich Community HEALTH CENTRE and Wellesley Township COMMUNITY HEALTH CENTRE

St.Mary's GENERAL HOSPITAL

Respiratory Education Community Services – Woolwich/Wellesley Township CHC Sites
Community Referral Form

Patient Name:	HCN:
Date of Birth:	Gender: Male Female
Parent Name (if applicable)	
Address:	
Phone:	Can a message be left? Yes No
Physician/Nurse Practitioner:	
Provider ID number (for Respirology report):	

Reason for Referral

☐ Spirometry (includes pre and post bronchodilator testing if appropriate, and oxygen saturation)	☐ Asthma Self-Management Education
☐ COPD Self Management Education	☐ Other:

Current Medications

Medications (including. Inhalers)	Dose	Frequency
Oxygen Prescription (if applicable)		

Relevant Medical History (please include previous spirometry or PFT results if available)

Signature of Referring Physician/Nurse Practitioner: _____

Date: _____

Please Fax form to Woolwich Community Health Centre: 519 664-2182 Attn: Linda Girard

For Office Use Only

Appointment booked: ☐ Yes ☐ No Date/Time: _____

Patient Notified: ☐ Yes ☐ No Appointment Instructions Given: ☐ Yes ☐ No

(Bring all medications/inhalers to the appointment. Try not to use inhaler the day of the appointment.)