

<p>Date of Referral: _____ DD / MM / YYYY</p> <p>Client Last Name: _____</p> <p>Client First Name: _____</p> <p>Gender: <input type="radio"/> M <input type="radio"/> F Other: _____ DOB: _____ DD / MM / YYYY</p> <p>Address: _____ #, Street, Apartment, City, Postal Code</p> <p>_____</p> <p>Phone: _____</p> <p><input type="radio"/> *Language interpretation required: _____ (*Specify language)</p> <p><input type="radio"/> **URGENT REFERRAL (**Check box for Hospital Discharge, ER Visit, or Recent Exacerbation)</p>	<p>Client Stamp/Label</p> <hr/> <p>Medical History: <input type="radio"/> Attached</p> <hr/> <p>Allergies: <input type="radio"/> Attached</p> <hr/> <p>Medications: <input type="radio"/> Attached</p>
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For a complete list of locations and services, please visit: www.champlainlunghealth.ca

Specify Services Requested (please check box) *Service descriptions on p.2*
All referrals will be triaged based on client's geography and services offered

- COPD Education/Self-Management
 - Spirometry COPD Screening (*Prescott-Russell, Cornwall only*)
 - *Pulmonary Rehabilitation (*Almonte, Barry's Bay, Cornwall, Arnprior, Kemptville, Ottawa only*)
- *Eligibility criteria on p.2**

Please include all of the following documentation / info with the referral:

1. Pulmonary Function Test and/or Spirometry
2. Electrocardiogram and/or Echocardiogram
3. Chest X-ray
4. Respiriologist notes (most recent, where applicable)

Is the client currently on oxygen? No Yes **Ambulation:** Independent Cane/walker Other:

Smoking Status: Current Smoker Non-Smoker

Provider Stamp/Label ↓

Primary Care Provider: _____

Referring MD/NP: _____ **Billing#** _____

Phone: _____ **Fax:** _____

Referring MD/NP Signature: _____
(Required)

Intake & Referral

Description of lung health services:

Chronic Obstructive Pulmonary Disease (COPD) Education: Individualized and group education for clients with COPD. Education includes: assessment, review of inhaler technique, self-management skills, action plans, smoking cessation support and regular follow-up.

Pulmonary Rehabilitation (PR): Supervised exercise program designed for people with COPD. The three components of a PR program include exercise, education and self-management. Participating in a PR program will decrease symptoms and increase ability to function in daily life. Clients must be diagnosed with COPD to meet referral Criteria for PR. COPD is diagnosed by spirometry, which is a painless breathing test that takes just a few minutes.

**Please note PR is only available at some locations, for a complete list of services by location visit:*

www.champlainlunghealth.ca

Pulmonary Rehabilitation is designed to help primary care provider meet the education/rehabilitation needs of their adult clients. Exercise is a major component of the program. It is an expectation that the referring primary care provider has carefully evaluated the client's respiratory problems and any limiting factors such as cardiac, cardiovascular, neuromuscular and serious/unstable mental health issues, all of which may influence the client's ability to function in the program.

Referred clients to Pulmonary Rehab will undergo an initial assessment and screening by the Pulmonary Rehabilitation Program team prior to acceptance into the program.

Exclusion criteria from the program include:

- FEV1<20%
- Must be able to walk 200m
- Severe cardiac disease
- Recent Embolism (PE, thrombophelebitis)
- Disabling stroke
- Severe cognitive impairment
- Major physical or mental health issues that would limit participation in education/self-management and exercise class

This common referral form was created by the Champlain LHIN Lung Health Network. The Champlain Lung Health Network is a regional body committed to improving health services and health outcomes for people living with lung disease.