COPD and Pulmonary Rehabilitation Program
St. Joseph's Hospital
268 Grosvenor Street, Room B3-030
London, ON N6A 4V2

COPD PROGRAM REFERRAL FORM

Please complete **all sections** and **FAX** to **COPD Clinic** at **519-646-6292**

PATIENT INFORMATION

(please affix label or complete info):

Patient Name:_____

Date of birth: _____ Sex: M F
(YYYY/MM/DD/)

Health Card #: _____

PIN or J Number: _____

Address: _____

City: _____ Postal Code: _____

Primary Phone: _____

Alternate Phone:

HEALTH CARE PROVIDER INFORMATION

(please affix label or complete info):

Name: (please print) _____

Phone: _____

Fax: _____

Signature: _____

Date: _____

Primary Care Provider: _____
(if not the ordering HCP)

☐ Patient has no primary care provider

Reason for Referral:

☐ COPD diagnosis, assessment and management
☐ COPD post-exacerbation (ED or hospitalization) assess
☐ COPD post-exacerbation CC2H patient

For Pulmonary Rehab referral information, please visit SJHC website: ***https://www.sjhc.london.on.ca/areas-of-care/lung-diseases-program/services***

Help us Prioritize your Referral Request:

Date of most recent COPD hospital admission _____
Date of most recent COPD ED visit _____
☐ COPD confirmed by Spirometry/PFTs? ☐ YES ☐ NO
☐ Clinically stable ☐ YES ☐ NO If no explain:

_____

☐ History of Asthma ☐ YES ☐ NO
☐ Smoking History #/day _____for_____ yrs.
☐ Former Smoker and Quit _____
☐ Life long non-smoker

COPD is categorized as:

☐ Mild COPD ($FEV_1 \geq 80\%$)
☐ Moderate (FEV_1 50-79%)
☐ Severe COPD (FEV_1 30-49%)
☐ Very Severe COPD ($FEV_1 < 30\%$)

Supporting Documents (Please send a copy if unavailable on Cerner Powerchart or Clinical Connect)

☐ Current medication list
☐ Current PFT report (within 1 year)
☐ Most recent chest x-ray report (within 1 year)
☐ Most recent echocardiogram (within 1 year)
☐ Most recent medical specialist report pertaining to COPD
☐ Most recent blood work or ABGs (within 3 months)

Patient Assistance required for appointment:

☐ Ambulation: _____
☐ Interpreter (language): _____
☐ Oxygen therapy on arrival: _____ Litres