Kingston Community Health Centres
Centres de santé communautaire de Kingston

Main Site
263 Weller Ave., Unit 4
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Midtown Kingston Health Home
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Street Health Centre
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Kingston, ON K7K 1G2
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Fax: 613-549-7986
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Napanee Area CHC
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Napanee, ON K7R 1Z4
Phone: 613-354-8937
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REGIONAL LUNG HEALTH PROGRAM
CENTRAL REFERRAL FORM

PATIENT DEMOGRAPHICS

Last Name: _____ **First Name:** _____

Health Card #: _____ **Gender on Health Card:** _____

Date of Birth: _____

Address: _____

Phone Number: _____ **Language Preferred:** _____

Primary Care Provider Name (please state if patient does not have one): _____

SERVICES REQUESTED

URGENT Referral: ***Recent COPD Exacerbation, ER Visit or Discharge from Hospital*** ☐

☐ **COPD Education & Self Management**

☐ **Spirometry, including bronchodilator**

☐ **STOP Program services, including NRT**

☐ **Modified Respiratory Rehabilitation**
(Must be approved by Primary Care Provider)

CLINICAL DETAILS & SUPPORTING DOCUMENTS *(if relevant)*

Reason for referral: _____

_____

_____

☐ **Cumulative Patient Profile**

☐ **Pulmonary Function Testing or Spirometry**

☐ **Consultant Reports**

☐ **Chest X-ray**

☐ **ER/Discharge Summary (if recent)**

☐ **Electrocardiogram/Echocardiogram/ Stress Test**

Is the patient currently on oxygen? ☐ Yes ☐ No

If yes, please provide oxygen titration parameters:

_____

Titrate oxygen to 88-92% ☐

REFERRING PROVIDER

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

Phone: _____ **Fax:** _____ **Date:** _____