	PLEASE PRINT CLEARLY OR AFFIX LABEL WITH COMPLETE INFORMATION		
MARKHAM STOUFFVILLE HOSPITAL CORPORATION	Hospital MRN #:		
CENTRE FOR RESPIRATORY HEALTH	Patient Name (Last, First):		
REFERRAL	Date of Birth (DD/MM/YYY): Sex:		
COPD/ASTHMA	Health Card #: Version Code: _		
Markham Site Booking Line: (905) 472-7614 Please Fax to: (905) 472-7618	Address: Postal Code:		
Please Fax 10. (905) 472-7618	Tel #: (Best Daytime): Alt Tel #:		
Urgent Routine	Email:		
Date: Referring MD	Signature MD Phone #		
Additional copies to:			
Contact information for translator if required (Name & N	umber)		
Asthma Education Clinic with Asthma Edu			
Reason for Referral (Required) Clinical Information			
Reason for Referral (Required)         Clinical Information         COPD         Asthma			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker	packs per day		
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath         Other:			
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath         Other:	packs per day		
Reason for Referral (Required)   Clinical Information   COPD   Cough   Cough   Shortness of Breath   Other:   Please have the patient bring a MSH Office Use Only	packs per day		
Reason for Referral (Required)   Clinical Information   COPD   Cough   Cough   Shortness of Breath   Other:   Please have the patient bring a MSH Office Use Only	packs per daypacks pe		
Reason for Referral (Required)   Clinical Information   COPD   Asthma   Cough   Shortness of Breath   Other:   Please have the patient bring a   MSH Office Use Only   Chest X-ray (2 views: posterior anterior (PA)	packs per daypacks pe		
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath         Other:         Please have the patient bring a         MSH Office Use Only         Chest X-ray (2 views: posterior anterior (PA)         PFT appointment as per medical directive 05         Clinic appointment	packs per day all current medications to the appointment. and lateral) as per medical directive 050.920.095 0.920.100		
Reason for Referral (Required)         Clinical Information         COPD       Asthma         Cough       Smoker         Shortness of Breath         Other:         Please have the patient bring a         MSH Office Use Only         Chest X-ray (2 views: posterior anterior (PA)         PFT appointment as per medical directive 05	packs per day all current medications to the appointment. and lateral) as per medical directive 050.920.095 0.920.100		

Chest X-ray	Date:	Time:
PFT appointment	Date:	Time:
Clinic appointment	Date:	Time:

Name of Respirologist:



## **COPD Clinic**

Bring your health card and all current medications.

Depending on your appointment you may be scheduled for a pulmonary function test and/or a chest Xray. If so, please report to the main lobby to register for your appointment and arrive 15 minutes in advance. You will be directed to the pulmonary function lab.

If you are scheduled for a pulmonary function test, no inhalers for 12 hours prior to test except Salbutamol (ventolin) which may be taken up to six hours prior to test.

Your appointment may take up to four hours. You will be seen by a COPD Educator and the Respirologist (Lung Disease Specialist).

## **Asthma Education Clinic**

Bring your health card and all current medications, and your spacer (aerochamber).

You will be seen by the Asthma Educator.

New appointments are 45 minutes, follow up appointments are 30 minutes

Please park in visitor parking lot #1 across from 377 Church St. The Centre for Respiratory Health is located in 377 Church St on the ground floor, room G07.