

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY
OR AFFIX LABEL WITH COMPLETE INFORMATION



**Markham
Stouffville
Hospital**
Oak Valley Health

Paediatric Respiratory Clinic Referral

Markham Stouffville Hospital Booking Line: **905-472-7534**

Please Fax To: **905-472-7535**

Patient Name: _____
Last First

Date of Birth: _____ Sex: **F** **M**
Day Month Year

Health Card # _____ Version Code: _____

WSIB # _____ Non OHIP (Self-pay) or Refugee

Address: _____ Postal Code: _____

Telephone # (Best Daytime): _____

Alternate #: _____

Family Physician: _____

Date	Referring MD	Signature	
CPSO #	Billing #	Telephone	Fax
Address		City	Postal Code
Additional Reports to:			
Preferred Language		Name & number of interpreter to help schedule appointment, if available Please bring interpreter to the appointment if required	
Request for			
<input checked="" type="checkbox"/> Consult with available Respirologist			
Reason for Referral			
<input type="checkbox"/> Known Asthma		<input type="checkbox"/> Recurrent wheeze/Query asthma	
<input type="checkbox"/> Recurrent pneumonia/pulmonary infections		<input type="checkbox"/> Chronic cough	
<input type="checkbox"/> Chest Pain/Dyspnea on exertion		<input type="checkbox"/> Query Sleep Disordered Breathing	
<input type="checkbox"/> Dyspnea/exercise intolerance		<input type="checkbox"/> Complicated pneumonia follow-up	
<input type="checkbox"/> Hemoptysis		<input type="checkbox"/> Pneumothorax follow-up	
<input type="checkbox"/> Other - please describe: _____			
Past Medical History			
Current Medications			
Has the patient had any of the following (if so, please attach reports)			
<input type="checkbox"/> Pulmonary Function tests		<input type="checkbox"/> Chest CT	
<input type="checkbox"/> Methacholine challenge test		<input type="checkbox"/> Blood work for investigation of the chief complaint	
<input type="checkbox"/> Chest x-ray		<input type="checkbox"/> Sleep Study	
Patient must bring a completed <i>Paediatric Respiratory Clinic New Patient Questionnaire</i> to their appointment.			

