



WRHN

@ The Boardwalk

Waterloo Regional
Health Network

WRHN @ Boardwalk Airway Clinic
435 The Boardwalk, Suite 306
Waterloo ON N2T 0C2
Tel: 226-896-2026

Airway Clinic Education Referral Form

PLEASE FAX REFERRAL FORM TO 226-896-2030

Please call the Airway Clinic at 226-896-2026 if you have any questions or concerns

Patient Name: _____ HCN#: _____

Date of Birth: _____ Gender: Male Female

Parent Name (if applicable): _____

Address: _____

Phone (Home): _____ (Work): _____

Referring Physician/Nurse Practitioner: _____ CPSO #: _____

Family Physician (if different from referring provider) _____

Reason for Referral: If diagnosis unclear please refer the patient for spirometry or pulmonary function testing using Airway Clinic Pulmonary Diagnostics Referral Form before referring for Education

- Asthma Clinic** - includes pre and post bronchodilator spirometry if appropriate and self- management education
- Activation Program** - Brief self-management education and exercise program for people living with COPD or Pulmonary Fibrosis. *(Must include spirometry/PFT confirming diagnosis with referral)*
- COPD Self-management Education** (only for those not appropriate for exercise program)
 - Must indicate reason patient is not able to complete exercise _____
- Smoking Cessation Counseling** - group and individual counselling options offered to all referrals, spirometry screening available for those at risk for COPD. Nicotine replacement therapy may be available to those patients who meet eligibility criteria.

Relevant Medical History and Current Medications: (please attach previous spirometry or PFT results)

Signature of Referring Provider: _____ Date: _____

Provider Address: _____

Provider Phone number: _____ Fax number: _____

Airway Clinic Response: Please notify your patient an appointment has been scheduled for:

Date: _____

Time: _____

