



WRHN

@ The Boardwalk

Waterloo Regional
Health Network

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

Interstitial Lung Disease Clinic 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) _____

Diagnosis: (if established): _____

- Reason for Referral:**
- Consultation only
 - Consultation and co-management
 - Consultation and assume care

- Past Care:**
- Patient has previously seen a Respirologist (*if so please include notes and investigations*)
 - Patient has previously seen a Rheumatologist (*if so please include notes and investigations*)

- Urgent Consult?** (*please include details why*)

mMRC dyspnea score: _____ Oxygen saturation at rest _____ %, on exertion _____ %

Details: _____

Checklist for Referral:

- Patient must have a CT scan with images available on ClinicalConnect or on a provided disk or link
 - If not yet ordered, please order as: **HRCT Thorax non-contrast with expiratory view. Reason diagnosis ILD**
- Patient must have a full pulmonary function test within the last 12 months. *If required please refer for full PFT locally or with our clinic*

Note: Simple referrals for mild asymptomatic incidental findings or stable patients already on therapy should be directed to the respirologist's community offices. If only a review of CT images is desired, consider an e-consult via OTN.

Patient Contact Preference:

- Contact patient directly with appointment information
- Contact your office with appointment information

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: _____

