



**WRHN**

@ The Boardwalk

Waterloo Regional  
Health Network

WRNH @ 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: \_\_\_\_\_

