



# 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 Respiriologist (*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: \_\_\_\_\_

