



# Airway Clinic Education Referral Form

St. Mary's General Hospital  
911 Queen's Blvd.  
Kitchener, ON, Canada  
N2M 1B2  
Tel: 519.744.3311

**\*PLEASE FAX REFERRAL FORM TO 519-749-6816\***

Please call the Airway Clinic at 519-749-6868 (option 1) if you have any questions or concerns

Patient Name: \_\_\_\_\_ HCN#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Parent Name (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
 Physician/Nurse Practitioner: \_\_\_\_\_ CPSO #: \_\_\_\_\_

**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
- COPD Activation** - 5 session education and exercise program, assessment done at SMGH, exercise classes done at SMGH Cardiac Rehab site in Waterloo (**Must include spirometry/PFT confirming diagnosis with referral form**)
- COPD Self-management Education** (only for those not appropriate for exercise program)  
Please indicate reason patient is not able to complete exercise \_\_\_\_\_
- Smoking Cessation Counseling** - individual counseling, baseline spirometry for those at risk for COPD)

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

Signature of Referring Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

**SMGH Airway Clinic Response:**  
**Please notify your patient an appointment has been scheduled for:**  
  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_