North Bay Regional Health Centre

Breathing Clinic
Referral - Chronic Obstructive Pulmonary Disease (COPD)

Patient Information (if not stamped above)	**Referring Physician /Nurse Practitioner:**
Name: _____	Name (Print): _____
Date of Birth: _____	Signature: _____
Address: _____ _____	Name of Family Physician or Primary Care Provider if different from above: _____
Phone: (home): _____ (other): _____	

Primary Referral Criteria: Patients must meet one of the following criteria (check A or B)	
☐ **A.** Consult requested: - Known COPD __Mild __Moderate __Severe	☐ **B.** Consult requested: - Suspected COPD (≤ 35 years old /smoking history/ dyspnea, chronic cough, sputum)

Reason for Referral:

☐ Recent Emergency Visit
☐ Exacerbation of Respiratory Symptoms
☐ Patient Education/Self Management
☐ Recent Hospital Admission
☐ Confirm or rule out Diagnosis of COPD

The Breathing Clinic will follow best practice guidelines for diagnosis and treatment recommendations.

This will include

- Spirometry Testing to confirm diagnosis and severity of disability
- Assessment of symptom severity
- Tobacco use screening with cessation counselling and quit strategies
- Patient education on disease process, COPD medications, and how to use medication delivery devices
- Implementation of a COPD Action Pan

Please inform patient that they will be contacted by NBRHC staff to schedule these clinic appointments. Patients should bring all medications with them to appointments.

Please Fax Completed Form to 705 – 495 – 8116
Appointment will be scheduled upon receipt of fax