Covenant Health
Misericordia

**Respiratory Education Clinic Referral**

PATIENT LABEL

Date____________________

Phone: 780.735.2979
Fax: 780.735.2522

**Patient Contact Information**
Contact Person/Phone Number
__________________/____________

**Referral Form**
☐ ER ☐ PFT Lab ☐ Inpatient ☐ PAC ☐ Other_________________

**Referral Type**
☐ Adult ☐ Pediatric **(physician signature required)** __________________/____________
Physician Signature/Date

☐ COPD ☐ Asthma ☐ Smoking Cessation

**Patient Information**
☐ Previous Spirometry/PFT where/when__________________________

☐ Non Smoker

☐ Smoker Packs/Cigarettes____ x ____years Other_____________ ☐ Quit when________

☐ Home $O_2$ ______lpm Company__________

**Respiratory Medications**

| | | |
|---|---|---|
| Combination Medications | ☐ Advair MDI/Diskus<br>☐ Anoro Ellipta<br>☐ Breo Ellipta<br>☐Combivent Respimat | ☐ Duaklir Genuair<br>☐ Inspiolto Respimat<br>☐ Symbicort Turbuhaler<br>☐ Zenhale MDI |
| Anti-Inflammatories ICS | ☐ Alvesco MDI<br>☐ Asmanex (twisthaler)<br>☐ Flovent MDI/Diskus<br>☐ Pulmicort Turbuhaler<br>☐ Qvar MDI | |
| Long Acting Bronchodilator/Anticholinergics | ☐ Foradil Aerolizer<br>☐ Incruse Ellipta<br>☐ Oxeze Turbuhaler<br>☐ Onbrez Breezhaler | ☐ Seebri Breezhaler<br>☐ Serevent Diskus<br>☐ Spiriva Handhaler/Resimat<br>☐ Striverdi Respimat<br>☐ Tudorza Genuair |
| Short Acting Bronchodilator/Anticholinergics | ☐ Airomir MDI<br>☐ Atrovent MDI<br>☐ Bricanyl Turbuhaler<br>☐ Ventolin MDI/Diskus | |

☐ Patient demonstrates proper techniques with device

Comments______________________________________________
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