NOTE: Incomplete and / or unsigned requistions will be returned



Stouff	ville		Hospital MRN #:				
Hospit Oak Valley			Patient Name (Last, First):				
-		, Hoalth Doforral	Date of Birth (DD/MM/YYYY):	Sex: F M			
COPD/Asth		Health Referral	Health Card #:	Version Code:			
JOPDIASII	IIIIa		WSIB #:	Non OHIP (Self-pay) or Refugee			
Markham Stouffv	rille Hospital Bookin	ng Line: 905-472-7614	Address: Postal Code:   Tel #: (Best Daytime): Alt Tel #:				
	Please	Fax to: 905-472-7618					
Urgent	Routine		Email:				
Date: Referring MD			Signature	MD Phone #			
CPSO#	Billing #	Additional copies to:					
Preferred Langua	age	Name & number of in	Name & number of interpreter to help schedule appointment, if available				
✓ Asthm	-	oirologist Consultation nic with Asthma Educ red)					
Clinical Inform	mation						
☐ COPD		Asthma					
✓ Cough		✓ Smoker	0.5 packs per day				
☐ Shortness	s of Breath						
Other:							
	Plassa have	the nationt bring all	I current medications to the	a annointment			
MSH Office Us		tile paueili billig all	i current iniculcations to the	; α <b>ρ</b> μοιπιπ <b>ε</b> πι.			

PLEASE PRINT CLEARLY

OR AFFIX LABEL WITH COMPLETE INFORMATION

Chest X-ray (2 v	views: posterior anteri	or (PA) and lateral) as	per medical directive 050.920.0	195
☐ PFT appointment	nt as per medical direc	ctive 050.920.100		
Clinic appointment	ent			
RRT Name:				
RRT Signature:			Date:	
Chest X-ray	Date:	Time:		
PFT appointment	Date:	Time:		
Clinic appointment	Date:	Time:		
Name of Respirologi	st:			





Markham Stouffville Hospital Centre for Respiratory Health Located in the Markham Stouffville Health Center 377 Church St. Room G07 Markham Ontario

## **COPD Clinic**

Bring your health card and all current medications.

Depending on your appointment you may be scheduled for a pulmonary function test and/or a chest Xray. If so, please report to the main lobby to register for your appointment and arrive 15 minutes in advance. You will be directed to the pulmonary function lab.

If you are scheduled for a pulmonary function test, no inhalers for 12 hours prior to test except Salbutamol (ventolin) which may be taken up to six hours prior to test.

Your appointment may take up to four hours.

You will be seen by a COPD Educator and the Respirologist (Lung Disease Specialist).

## **Asthma Education Clinic**

Bring your health card and all current medications, and your spacer (aerochamber).

You will be seen by the Asthma Educator.

New appointments are 45 minutes, follow up appointments are 30 minutes

Please park in visitor parking lot #1 across from 377 Church St.

The Centre for Respiratory Health is located in 377 Church St on the ground floor, room G07.