



PHYSICIAN REFERRAL TO OUT-PATIENT PULMONARY REHABILITATION PROGRAM

Grand River Hospital, Freeport Health Centre
3570 King Street East, Kitchener, Ontario, N2A 2W1

PHONE: 519-749-4300 ext. 7309 FAX: 519-894-8307

Referral criteria for the Pulmonary Rehabilitation Program:

1. Pulmonary Disease that is functionally limiting despite maximal medical therapy.
2. Motivated to participate in an education and exercise program
3. Non-smoking.
4. No contraindications to cardiovascular exercise.

RESPIROLOGY ASSESSMENT IS MANDATORY BEFORE ENTRY

Family Physician Referral:

1. Initiate referral form: fill in all appropriate fields.
2. Send referral form to Respiriologist.
3. Respiriologist will complete and forward the referral form.

All Waterloo Region Respiriologists make referrals to the Program. If patient does not have a Respiriologist, the referral process can be expedited through the Program Medical Director, Dr. Eric Hentschel.

Respiriologist Referral:

1. Assures appropriateness / safety for Program.
2. Reviews general expectations – gives patient handout from Program.
3. Completes all fields on the admission form, and attaches history, PFTs and ABGs relevant reports.
4. Forwards the completed form to the address or number above.

Patient Identification

Last Name		First Name		Initial	Birth date (Year- Month-Day)	
Street Address						
City				Prov.	Postal Code	
Home Ph #	Business ph #	Health #			Sex	Marital Status

Diagnoses:

Medications:

Drug Allergies:

Shortness of Breath:	<input type="checkbox"/> At rest	<input type="checkbox"/> While dressing	<input type="checkbox"/> When walking less than one block/one flight of steps		
	<input type="checkbox"/> When walking more than one block/one flight of steps			<input type="checkbox"/> During strenuous activities	
Smoking history:	<input type="checkbox"/> Never	Quit date:		Total pack-years smoked:	
Oxygen use:	<input type="checkbox"/> None	Flow rate		Hours/day:	

