



fraserhealth

COMMUNITY RESPIRATORY SERVICES REFERRAL



Form ID: RTXX103101E

Rev: April 21, 2020

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|---|--|
| CLIENT NAME: | DIAGNOSIS: |
| PHN: | LAST HOSPITAL ADMISSION DATE: |
| DATE OF BIRTH: | HOSPITAL SITE: |
| ADDRESS: | FAMILY PHYSICIAN / NURSE PRACTITIONER: |
| CITY: POSTAL CODE: | PHONE: FAX: |
| PHONE: | SPECIALIST: |
| ALTERNATIVE CONTACT: | |
| RELATIONSHIP: | PHONE: FAX: |
| PHONE: | |

Date: _____

Reason for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Respiratory Education | <input type="checkbox"/> Home Health Monitoring (HHM) |
| • COPD | |
| • Asthma | <input type="checkbox"/> Spirometry / Screening |
| • Fibrosis | • Pre / Post |
| <input type="checkbox"/> Smoking Cessation Education | • Consent to give 4 puffs Salbutamol |
| <input type="checkbox"/> Home Oxygen Assessment (for home bound clients) | <input type="checkbox"/> Tracheostomy Assessment and Education |
| <input type="checkbox"/> Respiratory Muscle Test (MIP/MEP) | <input type="checkbox"/> Tracheostomy Change Request |

Comments:

Referred by: _____ Physician/Nurse Practitioner RRT RN Other: _____

Signature: _____ Contact Information: _____

Please fax to: Community Respiratory Services FAX 604-514-6079

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Terms:

By completing and signing this form you are:

- A. Completing a referral to Community Respiratory Services for:
 - Respiratory Disease Education
 - Tracheostomy Assessment and Education
- B. Permitting respiratory assessments and tracheostomy education for referred clients
- C. Physician / Nurse Practitioner signed Community Respiratory Services referrals are permitting pertinent client diagnostic testing which may include:
 - Spirometry (including 4 puffs of Salbutamol)
 - Respiratory Muscle Strength testing (MIP/MEP/SNIP/ Vital Capacity)
 - Pulse oximetry (on and/or off oxygen therapy) at rest and with activity
 - Nocturnal oximetry assessments (on and/or off oxygen therapy)
 - Tracheostomy education, assessment and care

Once completed, this form is to be faxed to:

Community Respiratory Services at 604-514-6079

CRS will contact the client within 72 business hours from receipt of referral, to schedule the at-home education and assessment by the Registered Respiratory Therapist.

Community Respiratory Services:

Phone: 604-514-6106 or 1-888-514-6106

Fax: 604-514-6079