



Calgary COPD & Asthma Program Respiratory Education Referral

Inquiries: 403.944.8742

Patient Name	_____
Address	_____
City	_____ Postal Code
DOB	_____ PHN
Daytime Phone	_____
Email	_____
Family Dr. Name	_____
Family Dr. Office Phone	_____
Family Dr. Office Fax	_____

Note: This is a referral for respiratory education with a Certified Respiratory Educator. We are no longer providing spirometry: testing is available at various pulmonary function labs within the city. (Check our website for Calgary Locations for Spirometry Testing: www.ucalgary.ca/asthma)

Attach an interpreted copy of spirometry to the referral if available.

For a referral to a respirologist, use eReferral to Pulmonary Central Access and Triage via Alberta Netcare or fax a referral to 403.592.4201

Reason(s) for Referral (*Patient must be 16 years and older*)

- Asthma Education COPD Education Smoking/Vaping/Tobacco Reduction Education

Physician Comments/History

Requested Action(s)

- Review and teach inhaler technique
 Suggest management
 Design and teach action plan related to asthma or COPD

Respiratory Medications

- Language Barrier _____ Physical Limitation(s) _____

Referred by

Referring Physician (*print name*) _____

Physician's Signature/Designate _____ Date (*yyyy-Mon-dd*) _____

Fax completed form to **403.476.7772**