

Spirometry referral

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PLEASE FAX REFERRAL TO

(902) 420-0707

INCLUDE MEDICATION LIST



We only accept non-pregnant patients aged 16 and older.

Patient

surname

first name

DOB

HCN

address

phone number

email address

Suspected diagnosis

☐ Asthma

☐ Asthma/COPD combination

☐ COPD

☐ None (screening)

other

Requesting services

☐ Spirometry with pre- and post-bronchodilator evaluation

☐ Asthma/COPD medication review

Spirometry contraindications

☐ No contraindication identified

Acute myocardial infarction (within 1 week); systemic hypotension; severe hypertension; significant atrial/ventricular arrhythmia; non-compensated heart failure; uncontrolled pulmonary hypertension; acute cor pulmonale; clinically unstable pulmonary embolism; recent pneumothorax; hemoptysis; oral lesions/bleeding; recent stroke, concussion (with continuing symptoms), brain surgery (within 4 weeks), eye surgery (within 1 week), sinus/ear surgery/infection (within 1 week), or thoracic/abdominal surgery (within 4 weeks); late term pregnancy; known thoracic, aortic, or cerebral aneurysm; active respiratory or systemic infections including TB.

provider

signature

date

fax