Spirometry referral

By Dr Anders Lenskjold
Coral Shared-Care Health Center
Unit 103, 15 Shoreham Lane, Halifax, NS B3P 2R3

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 (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 and date