Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital

KGH Hôpital Général de Kingston General Hospital

Asthma Nurse Practitioner & Asthma Education Centre Referral Form

Internal Mail: Richardson House
Fax: (613) 549-1459
Phone: (613) 548-2348

Patient's Name: _____ Date of Birth (yyyy/mm/dd): _____
Address: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____
Referring Provider: _____
Primary Care Provider: _____ Phone: _____

Reason for Referral: _____

****Please attach a current medical history and medication list****

Pulmonary Function Test: ☐ Yes (please attach results)
☐ No (if no, suggest pre- and post bronchodilator spirometry be ordered)

Allergy Test: ☐ Yes (please include results)
☐ No

Service(s) Requested (check all that apply):

☐ **Asthma Nurse Practitioner - Priority assessment following a hospital admission or Emergency Department visit (Adult)**
Patient will be assessed by the Asthma Nurse Practitioner within approximately 2 weeks with appropriate investigations and therapeutic changes. Ongoing follow up will occur as required.

☐ **Asthma Education Centre (Adult and Pediatric)**
Patient and /or family will have a learning needs assessment and receive individualized education from a Certified Respiratory Educator. Education includes: basic information regarding asthma, medication administration, and survival skills as well as development of an "Asthma Action Plan" for physician or nurse practitioner approval.

☐ **Asthma Nurse Practitioner Clinic (Adult)**
Patient will be assessed by the Asthma Nurse Practitioner within approximately 6 weeks and with appropriate investigations and therapeutic changes. Ongoing follow up will occur as required.

Signature: _____ Date (yyyy/mm/dd): _____