



Religious Hospitallers  
of Saint Joseph  
of the Hotel Dieu of Kingston  
**HOTEL DIEU HOSPITAL**

## Chronic Obstructive Pulmonary Disease (COPD) Clinic Referral

Telephone: 613-544-3400 Ext. 2832

Fax: 613-548-1359

Internet: [www.hoteldieu.com](http://www.hoteldieu.com)

Patient Name: \_\_\_\_\_

Health Card # \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_

Address: \_\_\_\_\_

Phone - Home: \_\_\_\_\_

- Work: \_\_\_\_\_

**Urgency of referral:**

☐ Urgent ☐ Semi-urgent ☐ Elective

**Referral date** (yyyy/mm/dd): \_\_\_\_\_

**Appointment date** (yyyy/mm/dd): \_\_\_\_\_

**Referring practitioner:** \_\_\_\_\_

**Referring practitioner signature:** \_\_\_\_\_

**Referral Source:**

☐ Family Practice ☐ Emergency Department ☐ Outpatient ☐ Inpatient

**Reason for referral:** \_\_\_\_\_

**Service(s) requested:** (check appropriate box)

- ☐ Clinical assessment & optimization of treatment  
☐ COPD self-management education  
☐ Assessment for pulmonary rehabilitation

**~~ NOTE: to confirm COPD diagnosis, please arrange pulmonary function testing ~~**

**Location of test results:**

- ☐ Patient Care System (PCS)  
☐ Attached  
☐ Pending

**Health history:** (check appropriate box)

Current smoker: ☐ No ☐ Yes Smoking history \_\_\_\_\_ packs \_\_\_\_\_ years

Occupational exposure: ☐ No ☐ Yes, if yes explain: \_\_\_\_\_

Adverse reactions: ☐ No ☐ Yes, if yes list: \_\_\_\_\_

Currently using inhalers: ☐ No ☐ Yes, if yes list: \_\_\_\_\_

**Additional health history:** \_\_\_\_\_

### **FAX Referral to the COPD Clinic - Fax # 613-548-1359**

**Please inform patients that they will:**

- Be contacted by the Hospital with the appointment date and time.
- Need to bring their health card and medications with them.