GRAND RIVER HOSPITAL
Advancing Exceptional Care

Physician Referral Outpatient Pulmonary Rehabilitation Program

Freeport Campus, Grand River Hospital
3570 King Street East, Kitchener, Ontario, N2A 2W1
PHONE: 519-749-4300 ext. 7309 FAX: 519-894-8307

Referral criteria for the Pulmonary Rehabilitation Program:

1. Pulmonary disease that is functionally limiting despite maximal medical therapy.
2. Motivated to participate in an education and exercise program
3. Non-smoking
4. No contraindications to cardiovascular exercise

RESPIROLOGY ASSESSMENT IS MANDATORY BEFORE ENTRY

Respirologist:

1. Assures appropriateness / safety for Program/supervised exercise.
2. Reviews general expectations.
3. Completes all fields on the admission form, and attaches all relevant reports.
4. Forwards the completed form to the address or number above.

Patient Identification			
Last Name:	First Name:	Initial:	Gender:
DOB (year/month/day):	Health #:	Version Code:	
Street Address:	City: Prov.:	Postal Code:	
Home Phone:	Cell Phone:		

Diagnoses:	Allergies: ❑ None Known ❑ Drug Allergies: _____ ❑ Food or Environmental: _____			
Smoking history: ❑ Never	Quit date:		Total pack-years smoked:	
Oxygen use: ❑ None	Flow rate:	Rest:	Exertion:	QHS:

Test Results which must accompany referral:			
MANDATORY-Consult Notes	❑ report attached	MANDATORY-Pulmonary Function Tests	❑ report attached
Arterial blood gases (if done)	❑ report attached	ECG	❑ report attached
ECHO	❑ report attached	Cardiology Assessment &/or Exercise Stress Test if done	❑ report attached

Blood work if available:

Cardiopulmonary Exercise Test (CPET):	CPET Booked (Date): year/month/day:

If CPET not done, the referring respirologist verifies the patient is safe to proceed with progressive exercise program: ❑

ADVANCE DIRECTIVE DISCUSSED: ❑ YES ❑ NO

PLEASE INDICATE SPECIFICS OF DIRECTIVE:

Physician Information:		
Family Physician Name:	Phone:	Fax:
Address:	City:	Postal Code:
Respirologist:		
Name:	Phone:	Fax:
Address:	City:	Postal Code:
Signature:	Date:	

Specific medical or other concerns to be addressed in the Program (attach pages if needed) (e.g. sputum clearance, falls, weight management, lung transplant):

Revised: April 26, 2018