

ASTHMA CLINIC

4480 Oak Street, Vancouver, BC V6H 3V4 Tel: 604.875.3042 Fax: 604.875.3653 The Asthma Team Dr. Connie Yang Dr. Kyla Hildebrand Dr. Kristen Ebbert Angela Alexander, CAE Ingrid Baerg, CAE Chantel Canessa, NP Suzanna McRae, NP Minna Miller, NP Susan Shumay, NP

DATE:	Referring MD	
Patient Name	Address	
DOB	Phone	
PHN#	Fax	
Phone number	MSP#	
□ URGENT (reason):		
□ Routine		
☐ Interpreter required La	anguage spoken:	
REASON FOR REFERRAL		
Where would you like the patient to be assessed?		
☐ Asthma Clinic (patient to be seen by physician or nurse practitioner + asthma educator)		
□ Asthma Education Clinic (patient to be seen by asthma educator only)		
Reason:		
☐ Diagnosis		
☐ Persistent symptoms despite adequate medication		
☐ Frequent and/or severe exacerbations despite adequate medication		
☐ Family requires education about asthma		
□ Other		
Specific clinical question/Expectations of the consultation:		
Age when asthma was diagnosed:		
RELEVANT PATIENT INFORMATION		
THIS INFORMATION IS CRITICAL FOR YOUR PATIENT	TO BE TRIAGED APPROPRIATELY	
	NY past ICU admissions	
-	her medical conditions	
	ychosocial concerns	
Number of hospitalizations for asthma		
Current asthma medications (drug, dose, # inhalations	& frequency) In use since:	
1.		
2		
3.		
4.		
If inhaled corticosteroids are prescribed, is the use continuous or intermittent? (circle one)		
Past medications for asthma:		
Relevant investigations, procedures, consultations (please attach results):		
□ Pulmonary function test □ Allergy consultation		
☐ Chest x-ray ☐ Other		
Other specialists involved in patient's care:		

Please fax referral to (604) 875-3653

Revised October 2013

	Create Date Oct 21, 2013	
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