

# REGIONAL RESPIROLOGY REFERRAL



Respirology Referral

**Fax completed referral to chosen site (one site only). *Specialty Clinic descriptions & contact information on page 2.***

Select site: <input type="checkbox"/> BC Cancer <input type="checkbox"/> Lions Gate Hospital (LGH) <input type="checkbox"/> Mount Saint Joseph Hospital (MSJ) <input type="checkbox"/> Richmond Hospital (RH) <input type="checkbox"/> St. Paul's Hospital (SPH) <input type="checkbox"/> Vancouver General Hospital (VGH)	Select option: <input type="checkbox"/> 1st available respirologist <input type="checkbox"/> Specific respirologist: _____ <input type="checkbox"/> Specialty clinic: (descriptions on page 2) _____
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Referring Provider Name: _____ Provider signature: _____ MSP #: _____ Specialty: <input type="checkbox"/> FP <input type="checkbox"/> NP <input type="checkbox"/> ED <input type="checkbox"/> Other: _____ Address: _____ Phone: _____ Fax: _____ Date: _____	Patient Name: _____ PHN: _____ DOB: (dd/mmm/yyyy) _____ Sex on MSP card: _____ Gender and pronouns: _____ Address: _____ Phone: _____ Family physician name: _____ Preferred language: _____ <input type="checkbox"/> Interpreter required
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**Severity of Symptoms:**  Severe  Moderate  Mild  Asymptomatic

**Urgency:**  Urgent (within 2 to 4 weeks) Reason: \_\_\_\_\_  
 \* If unsure of urgency, referring provider can call the RACE line at 604-696-2131.  Semi-Urgent (within approximately 6 months)  
 Elective (within approximately 6 to 12 months)

**Has this patient been seen by a respirologist before?**  No  Yes (please include previous notes and test results)  
 If yes, name of respirologist: \_\_\_\_\_ Date: \_\_\_\_\_ Is this a re-referral?  No  Yes

**Reason(s) for Referral:** Note: See page 2 for referral details about sleep disorders and other available respiratory services.

<input type="checkbox"/> Asthma (mild/moderate)	<input type="checkbox"/> COPD	<input type="checkbox"/> HIV-COPD	<input type="checkbox"/> Occupational lung disease	<input type="checkbox"/> Scleroderma
<input type="checkbox"/> Asthma (severe)	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Interstitial lung disease	<input type="checkbox"/> Pleural disease	<input type="checkbox"/> Thromboembolic disease
<input type="checkbox"/> Bronchiectasis	<input type="checkbox"/> Dyspnea NYD	<input type="checkbox"/> Lung cancer/nodule	<input type="checkbox"/> Pulmonary hypertension	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cough NYD	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Neuromuscular disease	<input type="checkbox"/> Sarcoid	

**Include recent relevant medical history: See attached:**  Consult notes  Medication list  Allergies/intolerances  Referral/Consult letter

Previous Investigation	Date Performed (dd/mmm/yyyy)	Attached	Pending/Ordered	Comments
Chest x-ray		<input type="checkbox"/>	<input type="checkbox"/>	
Computed tomography (CT)		<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary function test (PFT)		<input type="checkbox"/>	<input type="checkbox"/>	
Lab work		<input type="checkbox"/>	<input type="checkbox"/>	
Other relevant investigations		<input type="checkbox"/>	<input type="checkbox"/>	

**This referral will be triaged by respirology staff. For prompt booking, please ensure all sections are fully completed.**

**Acknowledgement of Referral** (to be completed within 10 business days): This referral has been triaged and our office will contact your patient within the next \_\_\_\_\_  weeks  months (check one) to make an appointment.

**Your patient is booked to see a specialist on:** Date: \_\_\_\_\_ Time: \_\_\_\_\_

We will notify your patient of the appointment  We require additional info to book an appointment: \_\_\_\_\_

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Place Patient Form Label Here



Respirology Referral

RESPIROLOGY CLINICS	BC Cancer	LGH	MSJ	RH	SPH	VGH Lung Centre	VGH RAU	VGH PH
<b>ASTHMA:</b> Investigations (e.g. allergy testing, sputum induction, exhaled breath analysis and quality of life questionnaires) and management (e.g. education, medication, rehab, exercise, breathing techniques and nutrition) for severe asthma.					✓	✓		
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD):</b> Multidisciplinary evaluation and management (e.g. education, medication, testing, oxygen, rehabilitation and smoking cessation). Evaluation for basic science research and clinical trials.					✓	✓		
<b>COPD AND HIV:</b> Management of COPD and other HIV-associated lung diseases.					✓			
<b>CYSTIC FIBROSIS (CF) - ADULT:</b> Multidisciplinary evaluation.					✓			
<b>GENERAL RESPIROLOGY</b>		✓	✓	✓	✓	✓		
<b>INTERSTITIAL LUNG DISEASE (ILD):</b> Multidisciplinary clinic coordinating the diagnosis and treatment of ILD. Includes access to a patient/caregiver support group and clinical trials of new drugs meant for some ILD. Complex cases are discussed at a multidisciplinary meeting every week.					✓	✓		
<b>NEUROMUSCULAR DISORDERS:</b> Home based care for restrictive lung disorders that may require a ventilator, offered in collaboration with Provincial Respiratory Outreach Program (PROP).						✓		
<b>OCCUPATIONAL LUNG DISEASE:</b> Testing, medication and education for occupational and environmental exposures (e.g. diesel, asbestos, saw mills and chemical plants).						✓		
<b>PLEURAL DISEASE:</b> Management for pleural effusions, pneumothorax, chest tube, PleurX, etc.					✓		✓	
<b>PULMONARY HYPERTENSION (PH):</b> Multidisciplinary care of patients with known or suspected PH (outpatients and inpatients). Provides evaluation and consultation, initiation of therapy, monitoring, and evaluation of response to treatment. Primary centre for initiation and maintenance of parenteral prostanoid therapies in BC.						✓		✓
<b>RESPIROLOGY RAPID ACCESS UNIT:</b> Evaluation for semi-urgent respiratory diseases (e.g. hemoptysis, interstitial lung diseases, lung cancer*).	*✓	✓			✓		✓	
<b>SARCOID:</b> Multidisciplinary evaluation of sarcoid, including diagnostic evaluation of possible sarcoid.					✓			
<b>SCLERODERMA:</b> Multidisciplinary guidance for scleroderma and associated ILD.					✓			

FAX RESPIROLOGY REFERRALS TO:	Fax	Phone
Lions Gate Hospital (LGH)	604-984-8481	604-984-8480
Mount Saint Joseph Hospital (MSJ)	604-731-1179	604-731-1123
Richmond Hospital (RH) - Dr. Edgar Lau	604-270-3770	604-270-3760
Richmond Hospital (RH) - Dr. Iqbal Ahmed	604-214-0602	604-214-0600
Pacific Lung Health Centre at St. Paul's Hospital (SPH)	604-806-8839	604-806-8818
Vancouver General Hospital – The Lung Centre (VGH Lung Centre)	604-875-4695	604-875-4122
VGH - Respiratory Ambulatory Unit (VGH RAU)	604-875-4803	604-875-4111 local 61312
VGH - Pulmonary Hypertension Clinic (VGH PH)	604-875-4210	604-875-4323
BC Cancer – Lung Cancer	604-675-8099	604-675-8090

OTHER RESPIRATORY SERVICES Follow referral instructions on websites below. DO NOT use this form.
<p>▶ <b>Asthma and COPD Education Centres:</b></p> <ul style="list-style-type: none"> <li>▪ LGH: <a href="http://www.vch.ca/Locations-Services/result?res_id=1451">http://www.vch.ca/Locations-Services/result?res_id=1451</a></li> <li>▪ RH: <a href="http://www.vch.ca/Locations-Services/result?res_id=633">http://www.vch.ca/Locations-Services/result?res_id=633</a></li> <li>▪ SPH: <a href="http://respiratorytherapy.providencehealthcare.org/patient-resources/respiratory-education-centre">http://respiratorytherapy.providencehealthcare.org/patient-resources/respiratory-education-centre</a></li> <li>▪ VGH: <a href="http://www.vch.ca/Locations-Services/result?res_id=888">http://www.vch.ca/Locations-Services/result?res_id=888</a></li> </ul> <p>▶ <b>Home Oxygen:</b> <a href="http://www.vch.ca/locations-services?search_term=home_oxygen">http://www.vch.ca/locations-services?search_term=home_oxygen</a></p> <p>▶ <b>Pulmonary Rehabilitation Programs:</b> <a href="http://www.vch.ca/locations-services?search_term=pulmonary_rehabilitation">http://www.vch.ca/locations-services?search_term=pulmonary_rehabilitation</a></p> <p>▶ <b>Sleep Disorders:</b></p> <ul style="list-style-type: none"> <li>▪ <b>UBC Hospital</b> <a href="http://www.vch.ca/Pages/Information-for-physicians.aspx?res_id=566">http://www.vch.ca/Pages/Information-for-physicians.aspx?res_id=566</a></li> <li>▪ <b>Richmond Sleep Disorders Clinic</b> <a href="https://pathwaysbc.ca/clinics/1246">https://pathwaysbc.ca/clinics/1246</a></li> </ul> <p>▶ <b>Spirometry:</b> <a href="http://www.vch.ca/locations-services?search_term=spirometry">http://www.vch.ca/locations-services?search_term=spirometry</a></p>