



REFERRAL FORM

PATIENT INFORMATION		REFERRING PHYSICIAN INFORMATION	
Name:		Physician:	
PHN:	DOB:	PracID:	
Address:		Clinic Name:	
City/Province/Postal Code:		Address:	
Phone:		Phone:	Fax:
Email:		Physician Signature	

PULMONARY FUNCTION REFERRAL		LONG COVID-19 CONSULTATION	
<input type="checkbox"/> Asthma Screen / Evaluation	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Distractibility/Difficulty focusing
<input type="checkbox"/> COPD Screen / Evaluation	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Rapid Weight Loss/Gain	<input type="checkbox"/> Neuropathy
<input type="checkbox"/> Smoker: Current / Former	<input type="checkbox"/> Abnormal CXR / CT	<input type="checkbox"/> Fatigue Brain Fog	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Cough/Wheeze	<input type="checkbox"/> Interstitial Lung Disease	<input type="checkbox"/> Memory Impairment	<input type="checkbox"/> Low Appetite
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Pre-Surgery	<input type="checkbox"/> Muscle Aches/Cramps	<input type="checkbox"/> Lack of Smell / Taste
<input type="checkbox"/> Pre-Employment	<input type="checkbox"/> Annual	<input type="checkbox"/> Other:	

PULMONRY FUNCTION TESTING REQUEST
<input type="checkbox"/> Spirometry - <i>may include bronchodilator</i>
<input type="checkbox"/> Pulmonary Function Testing – <i>includes Spirometry, Lung Volume Measurements, Diffusion Capacity, +/- Bronchodilator</i>
<input type="checkbox"/> Spirometry and Diffusion Capacity – <i>may include bronchodilator</i>

CONSULTATION REQUEST
<input type="checkbox"/> Long COVID-19 Consultation (<i>Please include consultation letter</i>)
<input type="checkbox"/> internal Medicine Consultation (<i>Please include consultation letter</i>)

HISTORY / COMMENTS

MEDICATIONS



**PARK
INTEGRATIVE
HEALTH**

Unit 970, 3890 Sherwood Drive
Sherwood Park, AB T8H 0Z9
Phone: 780.570.8480
Fax: 780.570.8490

PULMONARY FUNCTION

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PLEASE FAX TO PARK INTEGRATIVE HEALTH: 780-570-8490.