

Referral Form

Please check off preferred testing location and fax to (780) 439-1061

ULC South ULC North		ULC West UL		ULC Hinton
#1001 College Plaza 15353 97 Street NW		•		138 Athabasca Avenue
8215 112 Street *Located within Clearwater Specialist Center		*Located in Westend *Located within BigHorn PCN Callingwood Medical Clinic		
APPOINTMENT DETAILS				
DATE	TIME		NOTES	
PATIENT INFORMATION				
LAST NAME	FIRST NAME		PHN	
ADDRESS			DATE OF BIRTH (MM/DD/YY)	
HOME PHONE	WORK PHONE		ASSIGNED AT BIRTH? MALE FEMALE	
PHYSICIAN INFORMATION				
REFERRING PHYSICIAN	ADDRESS		PHONE	
			FAX	
SEND COPY OF RESULTS TO				
NAME OF PHYSICIAN:	ADDRESS		PHONE	
NAME OF FINSIGHT.			FAX	
REASON FOR REFERRAL - THIS SECTION MUST BE COMPLETED FOR REFERRAL TO BE BOOKED				
RELATIVE CONTRAINDICATIONS				
Acute myocardial infarction within 1 week		Sinus <u>or</u> middle ear surgery <u>or</u> infection within 1 week		
Eye surgery within 1 week		Thoracic, abdominal, or brain surgery within 4 weeks		
TEST(S) REQUIRED				
COMPLETE PULMONARY FUNCTION TEST (PFT)		OXIMETRY (REST AND EXERTION)		
SPIROMETRY (FVL)		☐ ALLERGY SKIN TESTS (ENVIRONMENTAL ONLY)		
PHYSICIANS: Please check if this patient		NOTE: There is a \$40 tray fee for this test.		
should not be given a bronchodilator.		(We only accept cash or cheque.)		
CONSULTATION REQUESTED				
GENERAL PULMONARY CONSULTATION - provide reason for referral (above).				
ASTHMA CLINIC – includes PFT, AST and consultation with pulmonologist				
COPD CLINIC – includes PFT, AST and consultation with pulmonologist				
CHRONIC COUGH CLINIC – includes PFT, CXR and consultation with pulmonologist				

☐ ALLERGIST CONSULTATION — provide clinical information

SARCOIDOSIS CLINIC – includes PFT and consultation with pulmonologist