



COPD Program Referral Form

Royal University Hospital,
103 Hospital Drive,
Saskatoon, SK S7N 0W8
Ph: 306.655.6775
Fax: 306.655.6758

Name: _____
DOB: _____
Address: _____
HSN: _____
City: _____
PC: _____
Phone: H: _____ W: _____

The LiveWell COPD Program provides education and self-management support and offers exercise training for patients diagnosed with COPD. A team of health care professionals work in collaboration with the referring physician to decrease exacerbations and emergency and hospital admissions, and improve quality of life. Referrals will be assessed by the COPD Nurse Clinicians and updates on patient progress will be regularly communicated to the referring physician.

*** All health care professionals can refer ***

Date: _____

To: LiveWell COPD Program

Referring Practitioner Name: _____ Phone: _____ Fax: _____
 ER Family Physician Respiriologist Internist Physio/Exercise Therapist Other

Reason for Referral/Comments:

ER Admission Hospital Admission New Dx Smoking Cessation Knowledge Deficit
 Other: _____

_____ **Patient aware of referral** Y N

Pertinent Health History: _____

Respiratory Medications: _____

***Please provide most recent PFT/Spirometry result with referral. If no prior history of such testing, please arrange and forward date of testing for the COPD Nurse Clinician to review.**

I approve of a referral to the Pulmonary Rehabilitation Program; please arrange
 I do not approve of a referral to the Pulmonary Rehabilitation Program at this time;
reason: _____

Physician Signature: _____

The referral may be faxed to (306) 655-6758 or mailed to the above address.

A Patient Plan of Action will be forwarded to the Family Physician or Respirologist for completion following intake into the program. Education to support the care outlined by the physician will be provided.

