



**Saskatoon Pulmonary  
Rehabilitation Program  
Physician Referral**

Chronic Disease Management - SHR  
Royal University Hospital  
103 Hospital Drive  
Saskatoon, SK S7N 0W8  
TEL: (306) 655-2480  
FAX: (306) 655-6758

**PATIENT NAME:**

**PATIENT PHONE #:**

**PATIENT DOB:**

**PATIENT HSN:**

**RESPIRATORY DIAGNOSIS AND HISTORY:**

**HISTORY OF ANGINA:**  YES  NO

**HISTORY OF HYPERTENSION:**  YES  NO

**OXYGEN REQUIREMENT:**

At Rest

With Exercise

Flow Rate \_\_\_\_\_ L/Min

\_\_\_\_\_ L/Min

**OTHER MEDICAL CONDITIONS:**

**CARDIOVASCULAR EXAMINATION:**

Normal

Abnormal

**If abnormal, please explain:**

\_\_\_\_\_  
Signature of Referring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Referring Physician

\_\_\_\_\_  
Phone Number

**FAX Completed Referral To:**

**Program Coordinator  
Pulmonary Rehab Program  
(306) 655-6758**

**Or Send To:**

**Saskatoon Pulmonary Rehab Program  
Chronic Disease Management  
Royal University Hospital  
103 Hospital Drive  
Saskatoon, SK S7N 0W8**

