Providence HEALTH CARE
St. Paul's Hospital

RESPIRATORY REHABILITATION PROGRAM REFERRAL FORM

PLEASE COMPLETE ENTIRE FORM

Patient Information

Last Name:	First Name:	Initial:
Address:		
City:	Province:	Postal Code:
Telephone (Home):	(Work):	
PHN:	DOB (DD/MM/YYYY)	Sex:

Family Doctor:	**Respirologist:**
Address:	Address:
Telephone number:	Telephone number:

Diagnosis

Medications

Relevant History

Any history of: ☐ Cardiac disease ☐ Neurological deficits ☐ Arthritis

Referring Practitioner	Signature:
	Date:

Respiratory rehabilitation is a multidisciplinary program administered by the Physiotherapy Department. Referral to the program includes referral to members of the team, including but not limited to: Physiotherapy, Respirology, Cardiology, Nutrition Sciences and Respiratory Therapy. As part of our assessment, we conduct exercise tests appropriate for people with cardiorespiratory disorders on each candidate.

Complete referral and send with PFTs, ABGs and recent Consult letter to:

Respiratory Rehabilitation Program Director
C/O Physiotherapy Department
St. Paul's Hospital
1081 Burrard Street,
Vancouver, B.C. V6Z 1Y6

Telephone: 604-806-8115 Fax: 604-806-9143