

# LUNG HEALTH REFERRAL FORM

LABEL
-------



Specific Concerns/Co-morbidities <hr/> <hr/> <hr/>	Medications <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Urgency of Referral      1      2      3 Urgent      Non Urgent	<hr/> <hr/> <hr/> <hr/>

**COPD Education Level Requested (please check only one):**

Level I - "Survival Skills" teaching; basic information regarding COPD, medication, prevention and assessment of deterioration in respiratory status.

Level II - In depth needs assessment and 3 to 5 follow up visits. Level 1 instruction plus development of individualized plans (assist with behaviour modification) for achieving COPD self-management. If requested by the referring provider, COPD Action Plan may be implemented with his/her approval.

Level III - Intended for those clients who have barriers to adherence. In addition to Levels 1 and 2 education, visits may continue until the client has a COPD Action Plan.

Pre and Post Spirometry for diagnosis and for treatment plan adjustments.

I request an Asthma Action Plan for my approval:     Yes     No

Provider Name: \_\_\_\_\_

Signature: \_\_\_\_\_                      Date \_\_\_\_\_