



THE LUNG CENTRE \*  
University of British Columbia

Institute for HEART + LUNG Health

**Vancouver General Hospital  
The Lung Centre\* (Respiratory Clinic) Referral Form  
PLEASE FAX TO 604-875-4695**

Date: \_\_\_\_\_ **PATIENT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

PHN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Refer to Doctor** \_\_\_\_\_ **OR** Doctor with the next available appointment

**Reason for referral (please circle):**

- |                              |                   |                               |
|------------------------------|-------------------|-------------------------------|
| 1. COPD                      | 6. Asthma         | 11. Severe Asthma Clinic      |
| 2. Hemoptysis                | 7. Lung mass      | 12. Pulmonary Hypertension    |
| 3. Dyspnea NYD               | 8. Cough NYD      | 13. Occupational lung disease |
| 4. Thrombo-embolic disease   | 9. Bronchiectasis | 14. Pleural Disease           |
| 5. Interstitial lung disease | 10. COPD clinic   | 15. Neuromuscular Disease     |

Other (specify): \_\_\_\_\_

**Patient History:**

\_\_\_\_\_  
\_\_\_\_\_

**Investigations:**

Chest x-ray YES/NO  
CT Scan YES/NO  
Pulmonary Function Test YES/NO  
Lab work YES/NO

Where was the test performed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If yes, please fax the report(s) and/or other documents with this referral form.)

**Current Treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We will contact your office with the appointment.**

**REFERRING PHYSICIAN**

Name (print): \_\_\_\_\_ MSP #: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Specialty Clinics*

Asthma  
COPD  
Interstitial Lung Disease  
Lung Cancer  
Occupational Lung Disease  
Pleural Disease  
Pulmonary Hypertension  
Respiratory  
Neuromuscular  
Disorders

*Consultants*

N. Ayas, FRCPC\*  
E. Beaudoin, FRCPC\*  
C. Bergeron, FRCPC\*  
C. Carlsten, FRCPC  
V.J. Cook, FRCPC  
J.M. FitzGerald, FRCPC\*  
J. Fleetham, FRCPC\*  
R. Jen, FRCPC\*  
J. Johnston, FRCPC\*  
N. Khalil, FRCPC\*  
S. Lam, FRCPC  
R.D. Levy, FRCPC\*  
R. Myers, MD, FRCPC  
R.G. Nador, MD\*  
J. Road, FRCPC\*  
C.F. Ryan, FRCPC\*  
J. Swiston, FRCPC

(\*Denotes Incorporation)

*Clinic Manager*

Kelly Labrecque

*COPD Transitional Team*

Carmen Rempel RRT, CRE  
Christine Hinds RRT, CRE  
Laura Lotzer, CRN

*Airways Educator*

Jenna Jangalee RRT, CRE

*Nurse Practitioner*

Lisa Lee

*PH Nurse*

Connie Sherba  
Kelly Kerwin



**The Lung Centre**  
Gordon and Leslie  
Diamond Health  
Care Centre

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F 604-875-4695

\*Incorporated as The Laurel Lung Centre Inc.