JOSEPH BRANT HOSPITAL

Breathe Easy COPD Wellness House Patient Referral

Contact Information: Lily Spanjevic
Tel: (905) 632-3730 ext. 5689
Fax: 905-336-6480

Patient Information			
Surname	Given Name	Date of Referral yyyy/mm/dd	
Address		City	Postal Code
Tel (Home)	Tel (Work)	Date of Birth yyyy/mm/dd	Gender
OHIP #	Version Code		
Primary Contact Name		Tel	Relationship
Referring Physician/NP Name		Tel	Fax
Family Physician Name		Tel	Fax
Respirologist Name		Tel	Fax

On oxygen (O_2)?

☐ Yes ☐ No O_2 Amount:_____

☐ Patient is medically stable to enter the Breathe Easy COPD Program exercise
☐ If not medically stable patient is able to attend education sessions only
☐ Patient has consented to be contacted regarding this program

Printed Name of Physician/NP/Delegate	Signature of Physician/NP/Delegate	CPSO#	Date (yyyy/mm/dd)
Printed Name of Referring Physician/NP/Delegate	Signature of Referring Physician/NP/Delegate	CPSO#	Date (yyyy/mm/dd)