



WRHN

@ The Boardwalk

Waterloo Regional
Health Network

WRNH @ Boardwalk Airway Clinic
435 The Boardwalk, Suite 306
Waterloo ON N2T 0C2
Tel: 226-896-2026

Airway Clinic Diagnostics Referral Form

PLEASE FAX REFERRAL FORM TO 226-896-2030

Please call the Airway Clinic at 226-896-2026 if you have any questions or concerns

Patient Name: _____ HCN#: _____

Date of Birth: _____ Gender: Male Female

Parent Name (if applicable): _____

Address: _____

Phone (Home): _____ (Work): _____

Referring Physician/Nurse Practitioner: _____ CPSO #: _____

Family Physician (if different from referring provider) _____

Medication Instructions: Patient to hold inhalers day of test take inhales as prescribed

Reason for Referral:

Enable Diagnosis of a pulmonary disorder

Symptoms: _____

Follow up assessment. Current Diagnosis: _____

Other: _____

Procedure

- Pulmonary Function Testing** (must be ≥ 12 years of age) includes spirometry, lung volumes, diffusion capacity, oxygen saturation, post bronchodilator testing if meets criteria
 - post bronchodilator testing to be completed regardless of results*
- Spirometry Testing** includes oxygen saturation, post bronchodilator testing if meets criteria
 - post bronchodilator testing to be completed regardless of results*
- Arterial Blood Gases** **Please indicate:** Room Air On Oxygen _____ liters per minute
- Cardio-Pulmonary Exercise Testing (C-PET)** to be ordered by Respiriologists **only**
- Individual Exercise Assessment for Home Oxygen** to be ordered by Respiriologists **only**
- 6 Minute Walk Test** to be ordered by Respiriologists **only**
- Fraction of Exhaled Nitric Oxide Test** for asthma diagnosis and management (*includes spirometry testing*)

Signature of Referring Provider: _____ Date: _____

Provider Address: _____

Provider Phone number: _____ Fax number: _____

Airway Clinic Response: Please notify your patient an appointment has been scheduled for:

Date: _____

Time: _____

