STONEGATE Community Health Centre

**Living Better With COPD**

The Four Villages Community Health Centre

# Program Referral

| PROGRAM LOCATION: | Stonegate Community Health Centre<br>10 Neighbourhood Lane, Unit 201<br>Toronto, ON | PROGRAM CONTACT: | Tel: 416-231-7070<br>Fax: 416-231-6903 |
|---|---|---|---|

## PATIENT INFORMATION

| Patient Name: | Referral Date: |
|---|---|
| Address: | Phone: |
| | Date of Birth: |

Interpreter Required?
☐ No
☐ Yes  If yes, indicate preferred language: ____________________

## REFERRING HEALTH PROVIDER

| Name: | | | | Stamp: |
|---|---|---|---|---|
| Designation (e.g. MD, NP): | | | | |
| Address: | | | | |
| Phone: | | Fax/Email: | | ☐ Family Health Team ☐ Community Health Centre ☐ Other |

## PRIMARY CARE PROVIDER (if different from Referring Health Provider)

| Name: | Address: | Phone: | Fax: |
|---|---|---|---|
| | | | |

## SPIROMETRY (post-bronchodilator)

| $FEV_1$: L/ % | FVC: L/ % | $FEV_1$/FVC ratio: | Date: |
|---|---|---|---|

***PLEASE ATTACH PATIENT EMR SUMMARY AND SPIROMETRY REPORT IF AVAILABLE ***

| IS PATIENT ON OXYGEN? | ☐ Yes ☐ No | CURRENT SMOKER: | ☐ Yes ☐ No |
|---|---|---|---|

## PRIMARY CARE PROVIDER's CLEARANCE TO PARTICIPATE IN PHYSICAL ACTIVITY STREAM

To ensure client safety for exercise, please indicate below if client is **medically stable and cleared to participate in mild/moderate physical activity** (based on self perception of exertion).

☐ Client is **medically stable** and can **participate in group exercise and education**
☐ Client is **NOT medically stable** and should participate in / attend **group education only**

## Please provide any additional relevant information:

| Referring Health Provider Signature: | Date: |
|---|---|
| | |

***Fax signed and completed form to:* FAX: 416-231-6903**

**Referral will be triaged and INCOMPLETE referrals will be returned.**
**Client will be contacted for participation once completed referral is received.**

Rev. 12/08/2019

**For a fillable PDF of this referral form go to www.stonegatechc.org or www.4villageschc.ca**