Asthma & COPD Care Centre

AVDHA

Name:	Sample, Patient Beta
Phone:	(902) 555-0248
Address:	123 Main St. Apt. 218 Dartmouth NS B2B2B2
HCN:	0001000009
DOB:	1982/03/14

Diagnosis: x **Asthma** **COPD** **Both** **Other**_____

Has your patient had spirometry in the last 6 months? **No** x **Yes**

Recent spirometry is required prior to visit/assessment. If your patient has not had testing in the last six months please try to arrange for this to be completed prior to assessment

Current Respiratory Medications:

proin ullamcorper, dolor id, sem dapibus, fringilla

Medical History: **GERD** **Eczema** x **Allergies** **PND/sinusitis**

Other relevant medical conditions: _____

Comments: Pellentesque lacinia arcu id neque pharetra, sed egestas est convallis. Pellentesque pharetra consectetur aliquam. Donec dignissim ligula eu justo molestie, ac semper orci fermentum. Donec scelerisque vestibulum viverra. Ut ultrices enim ut laoreet placerat.

Referring Physician/NP: _____ **Print:** DR. REQUESTING

Family Physician: _____ **Print:** Dr. FAMILY PHYSICIAN

Doctor Fax number: (902) 555-5732

Please fax all referrals for VRH to 679-0109, for SMH to 825-5113.
We will fax the appointment back to your office.

Date Received: / /

Appointment date and time: _____