



**Asthma & COPD Education Clinic
Mount Sinai Hospital
Patient Referral Form**

Please call (416) 586- 4800 ext 4473/4474 for an appointment or fax to (416) 586-4507
Please note the clinic is intended for EDUCATIONAL purposes only and is unable to provide diagnosis or prescribe medications.

Patient Information

Date: _____
(dd/mm/yyyy)

Patient's Name: _____ D.O.B: _____
(Please Print Name Clearly) (Must be over 18)

Address: _____

Home Phone: _____ Work Phone: _____

MSH MRN #: _____ OHIP: _____

Physician Information

Physician Name: _____ Billing #: _____
(Please Print Name Clearly)

Address: _____

Tel: _____ Fax: _____

Please check one or more of the boxes below:

- General Asthma Education** (Includes: Medication device technique, triggers, recognizing signs and symptoms, avoidance strategies, environmental control, smoking information and action plan)
Please Note: This session DOES NOT include full Pulmonary Function Testing (PFTs) or Diagnostic testing
- General COPD Education** (Includes: medication device technique, taking medication as prescribed, breath control and conservation of energy, and smoking cessation support)
Please Note: This session DOES NOT include full Pulmonary Function Testing (PFTs) or Diagnostic testing
- Smoking Cessation Program** (Includes: Individual counselling sessions with a therapist specializing in NRT education, coping strategies, and goal-oriented quit and/or reduction strategies)
Please Note: This clinic does not prescribe/offer Nicotine Replacement Therapy

Comments of note: _____

Medications: _____

Referring Physician's Signature: _____

If a RESPIROLOGY consult or PULMONARY FUNCTION TESTING is required, please send a separate fax directly to a Respiriologist and/or PFT lab:

Dr. Meyer Balter (416) 586-4736 Dr. Alina Blazer (416) 646 1062 Dr. Shiphra Ginsburg (416) 586-8864
Dr. Stephen Lapinsky (416) 586-8480 Dr. Rebecca Colman (416) 646 1062 Dr. Sangeeta Mehta (416) 586-8480