



Synergy Wellness Centre
 #201, 501 Bethel Drive
 Sherwood Park, Alberta T8H 0N2
 Tel: 780-800-6906
 Fax: 780-800-6907

Respiratory Requisition

Client Demographics:

Last Name:	First Name:	DOB (D/M/YR)	Age:
Address:	City:	Prov:	PHN: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Postal Code:	Home Phone:	Work Phone:	

Referring Physician:

Name:	PRACID #	Family Physician's Name:
Phone:	Signature:	
Fax:		

Consultation Request:

Please arrange for CXR and TSH prior to consultation & attach a HISTORY and list of CURRENT MEDICATIONS
<input type="checkbox"/> Dr. Melenka
<input type="checkbox"/>

Reason for Referral:

<input type="checkbox"/> Full Pulmonary Function Testing Avoid smoking within at least 6 hour of testing Avoid consuming alcohol within 4 hours of testing Avoid performing vigorous exercise within 30 minutes of testing Avoid eating a large meal within 2 hours of testing	<input type="checkbox"/> Spirometry pre vs. post <input type="checkbox"/> Please check box if short acting bronchodilator is contraindicated for this patient	<p style="text-align: center;">CLINICAL HISTORY</p> <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Sleep Apnea <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Lung Lesion <input type="checkbox"/> Other: Please specify
<input type="checkbox"/> If testing values are abnormal, please facilitate referral to physician.		

Education Request

Comprehensive education for COPD, ASTHMA patients by a Certified Respiratory Educator. Includes spirometry, medication review, inhaler technique, trigger avoidance, exacerbation prevention, and action plans.
<input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medication Management <input type="checkbox"/> Disease Management