fraserhealth

ASTHMA CLINIC REFERRAL - PEDIATRIC

Patient's name:	Date of birth (DD/MM/YYYY):
Caregiver(s) name:	PHN number:
Address:	
Home phone:	Cell phone:
Interpreter required: ☐ Yes ☐ No	Language:

Reason for the referral (check all boxes that apply)

☐ To confirm diagnosis of asthma

☐ Persistent symptoms despite adequate medications

☐ Frequent and/or severe exacerbations despite adequate medications

☐ Family requires education and direction regarding asthma

☐ Other reason:_____

Relevant patient information

In order to triage the patient appropriately, please complete the following information:

In the past 12 months:

Number of courses of oral steroids: _____

Number of Emergency Room visits: _____

Number of hospital admissions for asthma: _____

Any past Intensive Care Unit (ICU) admissions for asthma: ☐ No ☐ Yes, list dates _____

Other medical conditions: ☐ No ☐ Yes, please specify _____

Relevant investigations / consultations prior to clinic referral

☐ Pulmonary functions tests (done in lab)

☐ Chest x-ray

☐ Allergy consult and testing

☐ Other: _____

Present medications for asthma ☐ Intermittent use ☐ Regular use

1. _____
2. _____
3. _____
4. _____

- If referring only for **Exercise Induced Asthma,** please have a Pulmonary Function Test (PFT) done in the PFT lab prior to the visit and trial the use of salbutamol (ventolin) pre-sports before referring to the clinic.
- Each child will attend the clinic for six months to one year and will see the pediatrician. Screening PFT's (if indicated) are done on children six years of age and older, if respiratory therapist is available.

Referring clinician name:	Date (DD/MM/YYYY):
Clinician signature:	MSP number:

ASTHMA CLINIC REFERRAL - PEDIATRIC Cont'd

Please check the box of the clinic the patient will be attending and fax referral to the appropriate number:

☐ **Abbotsford Regional Hospital Pediatric Asthma Clinic**

Abbotsford Regional Hospital
32900 Marshall Rd
Abbotsford, BC
Phone: 604-851-4700 extension 646267
FAX: 604-851-4790

Burnaby Hospital Pediatric Asthma Clinic
☐ Pediatrician / Spirometry / Education
OR
☐ Education only clinic

Burnaby Hospital
3935 Kincaid Street
Burnaby, BC
Phone: 604-431-2863
FAX: **604-412-6305**

☐ **Eagle Ridge Hospital Pediatric Asthma Clinic**

Eagle Ridge Hospital
475 Guildford Way
Port Moody, BC
Phone: 604-469-3227
FAX: 604-469-3238

☐ **Surrey Memorial Hospital Pediatric Asthma Clinic**

Surrey Memorial Hospital
13750 96th Avenue
Surrey, BC
Phone: 604-585-5512
FAX: 604-585-5642