ACESO Medical

RESPIRATORY | ALLERGY

T: 780-986-8770
F: 780-986-9447
reception@acesomedical.com

PERSONAL INFORMATION

PATIENT NAME	DATE OF BIRTH
ADDRESS	PHN
MAIN PHONE	GENDER

REFERRING PHYSICIAN

PHYSICIAN NAME	DATE OF REFERRAL
PHYSICIAN ADDRESS	PHYSICIAN NUMBER
PHYSICIAN SIGNATURE	PRAC ID

ALLERGY	RESPIRATORY	SLEEP
☐ ALLERGY CONSULT AND TESTING	☐ PULMONARY FUNCTION TEST ONLY ☐ SPIROMETRY ONLY ☐ PULMONARY FUNCTION TEST WITH RESPIROLOGY PHYSICIAN CONSULTATION CHEST XRAY TO BE ARRANGED UNLESS ADVISED OTHERWISE (EX. PREGNANCY)	COMING SOON

☐ FIRST AVAILABLE SPECIALIST

☐ SPECIFIC SPECIALIST:

REFERRAL CRITERIA

- ☐ SHORTNESS OF BREATH
- ☐ SLEEP DISORDERED BREATHING PROBLEMS
- ☐ HISTORY OF ASTHMA, COPD OR OTHER RESPIRATORY CONDITIONS
- ☐ CHRONIC COUGH
- ☐ WHEEZING
- ☐ PRE-OPERATIVE TESTING
- ☐ DISEASE MONITORING
- ☐ ACTIVITY INDUCED RESPIRATORY SYMPTOMS

RELATIVE CONTRAINDICATIONS

- ☐ ACUTE MYOCARDIAL INFRACTION WITHIN 1 MONTH
- ☐ EYE SURGERY WITHIN 1 WEEK
- ☐ SINUS OR MIDDLE EAR SURGERY OR INFECTION WITHIN 1 WEEK
- ☐ THORACIC, ABDOMINAL OR BRAIN SURGERY WITHIN 6 WEEKS

NOTES

Please fax completed form to 780-986-9447. We will contact and book the patient.