

## PEDIATRIC ASTHMA REFERRAL FORM CALGARY ZONE

**Please do not email this completed form; fax only**

Date: yyyy/mmm/dd		Patient Information: (Patient label preferred)	
<b>PraclD (required) →</b>		Last Name:	
Referring Physician/Designate (required):		First Name:	
		DOB: yyyy/mmm/dd	Gender:
Clinic Name:		PHN:	
Address:		Address:	
Phone:		City:	
Fax:		Province:	
		Postal Code:	
<b>Parents/Guardian Names:</b>			
Best <b>Daytime</b> Phone Number(s):			
Interpreter required: <input type="checkbox"/> No <input type="checkbox"/> Yes. What language/dialect is spoken?			
<b>Comments/Concerns/History (required):</b>			
Asthma diagnosis confirmed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure			
<b>Medications (required):</b>			
Refer to <b>ONE</b> of the following services and identify reasons for referral (more info on page 2)			
<input type="checkbox"/> Refer for 60 minutes asthma education to:	<input type="checkbox"/> Refer for specialist support to:	<input type="checkbox"/> Refer for pulmonary function testing to:	
<b>Community Pediatric Asthma Service</b> Phone: 403-943-9139 Fax: 403-776-3806	<b>Asthma Specialty Clinic Alberta Children's Hospital</b> Phone: 403-955-7328 Fax: 403-776-3807	<b>Pulmonary Function Testing Lab Alberta Children's Hospital</b> Phone: 403-955-7875 Fax: 403-955-2512	
<b>Mild to moderate asthma</b> <input type="checkbox"/> Poor control of asthma/spirometry <input type="checkbox"/> Recent hospital admission <input type="checkbox"/> Multiple ED visits (3+) <input type="checkbox"/> Medication review/technique <input type="checkbox"/> Need written Asthma Action Plan <input type="checkbox"/> Multiple episodes of wheeze <input type="checkbox"/> Family history of asthma <input type="checkbox"/> Asthma symptoms. Need confirmation of diagnosis <input type="checkbox"/> Trigger identification/avoidance strategies <input type="checkbox"/> Family needs more information about asthma	<b>Moderate to severe asthma</b> <input type="checkbox"/> ICU admission for asthma <input type="checkbox"/> Co-morbidities <input type="checkbox"/> Non-responsive to asthma treatment (explain above) <input type="checkbox"/> 6-18 months of age <b>(refer &lt;6 months to Pulmonary clinic)</b> <input type="checkbox"/> Psycho/social concerns impacting asthma control	<input type="checkbox"/> Standard pulmonary function lab testing: <ul style="list-style-type: none"> <li>• pre-school testing 4 – 6 years, if developmentally appropriate</li> <li>• spirometry 6+ years with pre/post bronchodilator</li> </ul> <p style="font-style: italic; font-size: small;">Please note: Exercise testing and methacoline challenge referrals are only available to respiratory speciality clinics</p>	
<input type="checkbox"/> For Internal Asthma Clinic Use Only: Discharge to Community Pediatric Asthma Service for review in ____ (#) months			

## Pediatric Asthma Information Sheet - Referral Options in the Calgary Zone

<b>Urgent Referrals</b> Alberta Children's Hospital	<b>Phone: 403-955-7211 (Main Switchboard)</b>	
Call Alberta Children's Hospital main switchboard and ask to page the " <b>pediatric respiratory physician on-call</b> ".		
<b>Asthma Specialty Clinic</b> Alberta Children's Hospital	<b>Phone: 403-955-7328</b>	<b>Fax: 403-776-3807</b>
Respiratory physician specialist assessment. Pulmonary function testing interpreted by a pediatric respirologist. Assessments led by registered nurses/Certified Asthma Educators including device review, trigger identification and avoidance strategies. A written Asthma Action Plan is provided to the family following each appointment.		
<b>Community Pediatric Asthma Service</b>	<b>Phone: 403-943-9139</b>	<b>Fax: 403-776-3806</b>
Certified Respiratory Educators (CREs) provide 60 minute appointments for asthma education and spirometry (children 6+ years, interpreted by a pediatric respirologist). Education includes trigger identification and avoidance strategies, device assessment and review and a written Asthma Action Plan. The Service also hosts the pediatric website <a href="http://www.ucalgary.ca/icancontrolasthma">www.ucalgary.ca/icancontrolasthma</a> . If required, referral to the Asthma Specialty Clinic will be coordinated.		
<b>Pulmonary Function Lab</b> Alberta Children's Hospital	<b>Phone: 403-955-7875</b>	<b>Fax: 403-955-2512</b>
Pre-school testing 4-6 years (if developmentally appropriate) and pulmonary function testing 6+ years with pre/post bronchodilator, interpreted by a pediatric respirologist without consultation. Methacholine challenge and exercise testing referrals must come from a respiratory specialty clinic. Device review and asthma education provided by respiratory therapists/Certified Respiratory Educators.		
<b>Community Pediatricians</b>	<b>Phone: 403-955-1098</b>	
Telephone advice line for primary care physicians between 8:00 am-5:00 pm, 7 days/week. For a list of community pediatricians with an interest in asthma who accept acute asthma referrals in a timely fashion, visit <a href="http://www.ucalgary.ca/icancontrolasthma">http://www.ucalgary.ca/icancontrolasthma</a> (see "Forms" tab, then "Community Pediatricians" link).		
<b>Calgary COPD &amp; Asthma Program (CCAP)</b>	<b>Phone: 403-944-8742</b>	<b>Fax: 403-283-3406</b>
Patients 16 years+ can self refer for asthma/COPD education. Referrals for spirometry, tobacco reduction and chronic cough require physician referral. Referral form available at <a href="http://www.ucalgary.ca/asthma">http://www.ucalgary.ca/asthma</a> .		