

Referral Date: _____



connex

PATIENT REFERRAL FORM

Respiriologist
 Family Doctor
 Nurse Practitioner
may refer.

Your patient has committed to taking part in WillKin Health's COPD ConnEx program supported by BC Lung Association and RESPIPLUS. This 12-week exercise and education home based program begins with an evaluation of initial physical activity level. A personalized exercise program, led by a registered Kinesiologist, will follow an approved framework. Education components are based on Living Well With COPD. In addition, mental parameters related to a health improvement program are discussed with the participant to encourage self-management of long-term best health.

Patient Information

Full Name: _____

Date of birth (M/D/Y): _____

Primary Disease/Condition:

Smoker: Yes No

FEV1: _____ L _____ % FVC: _____ L _____ % FEV1/FVC ratio: _____ Date: _____

Oxygen: _____ L/min O2 saturation: _____%

Co-morbidities: Heart Disease

(Check all that apply)

- Hypertension
- Diabetes
- Obesity
- Stroke
- Cancer
- COPD
- Other: _____

Physician Information

Name: _____

Clinic/Hospital: _____

Address: _____

Telephone Number: _____

E-mail: _____

Fax: _____

Sensory or Cognitive deficits:

- Yes, explain _____
- No

Physical Restriction:

- Yes, explain _____
- No

To ensure patient safety for exercise, please indicate if patient is medically stable and cleared to participate in mild/moderate exercise

- Client is **medically stable** and can participate in exercise and education program
- Client is **NOT medically stable**

I would like to be updated on my patients progress:

- Yes Preferred method of contact : Email Phone
- No

Signature: _____

Supported by:



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or by email julie@willkin.ca



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