



Health Sciences North
Horizon Santé-Nord

ADULT ASTHMA CLINIC

CENTRE FOR LIFE
140 DURHAM ST
SUDBURY, ON P3E 3M7
705-671-6602 / Fax (705) 688-7301

Medical Referral / Patient Information Form

Name: Mr/Mrs/Miss _____
D.O.B: _____ (D/M/Y) H.C.#: _____
Address: _____
_____ Postal Code: _____
Phone: Home _____ Work _____
* Please include apartment and box numbers.

Recent Asthma Diagnosis: Yes No

Co-morbidities: _____

The Adult Asthma Clinic requires Pulmonary Function Testing (PFT) to gauge asthma control.
****Please include recent PFT (within 3 months) OR indicate permission for clinic to arrange.**

PFT Included
 Clinic to arrange

Medications: Bronchodilators: _____ Oral: _____ Inhaled: _____
Steroids: _____ Oral: _____ Inhaled: _____

Other Medications: _____

Have you discussed emergency management/Action Plan options with your patient?

Yes No

Comments: _____

Physician's Name: _____
Phone Number: _____
Physician's Signature: _____

Office Use Only
Referral # _____
Letter sent: _____
IA _____
