### Chronic Obstructive Pulmonary Disease (COPD) Integrated Care Pathway Referral

**Please fax referral to: (613) 548-7803**

## Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referring Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Provider Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility:**

Pulmonary function test consistent with COPD, demonstrating FEV1 / FVC <70% post bronchodilator OR radiographic evidence of emphysema on CT, **AND**:

¨ poor symptom control despite optimal therapy,

**or**

¨ one or more exacerbations requiring prednisone and antibiotics in the past 12 months,

**or**

¨ one or more emergency department visits or hospital admission with the past 12 months

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**For all referrals, please attach:**

¨ current medical history

¨ medication list

¨ pulmonary function test

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**Services Provided:**

Patients will be seen by a COPD Educator and may also be assessed by a Respirologist if required.

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| --- | --- |
| * Self-management education * Pathophysiology of COPD * Role of medications, prescribed dosing, adherence * Device technique * Trigger avoidance and reduction * Identification of exacerbations * Use of a COPD Action Plan * Smoking / cannabis / vaping cessation * Breathing and pacing techniques | * Medication optimization and diagnostics as required * COPD Action Plan development * Referrals to smoking cessation, exercise therapy, others as needed |

**Contact information for COPD Nurse Navigator:**

**Phone:** 613 893 8430 **Fax:** 613-548-7803

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_