### 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
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**Contact information for COPD Nurse Navigator:**

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

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