McMaster Children's Hospital

Pediatric Respirology Referral Request

Please fax completed form to **(905) 521-2654**

Contact booking desk (905) 521-2100 x73861 with any further inquiries

☐ Consult Only ☐ Urgent

☐ Consult and Follow-Up ☐ Non-Urgent

Patient's Last Name First Name

Address – Street City Postal Code

Telephone: ( ) Ext.

Cell Phone: ( )

Date of Birth (yyyy/mm/dd) Age Gender ☐ M ☐ F

HIN Family Physician

If the form is not completed in its entirety, it will be sent back for completion

***** **Important – Please read before referring** *****

Referral Criteria for ASTHMA / Suspected Asthma referrals

1. ICU Admission for Asthma regardless of prior treatment
2. 1 hospital admission, 2 ED visits, OR 2 oral steroid courses *despite* management with moderate to high dose ICS as per CTS guidelines for greater than 3 months
3. Consideration for biologic therapies
4. Only referrals from within our catchment (Hamilton Niagara Haldimand Brant LHIN) will be accepted

* For patients not meeting above criteria, please consider directing your referral to a Pediatrician or community Respirologist (e.g., Dr. Juliana Salazar in Ancaster, Fax 289-919-2511, or Dr. Jason McConnery at Kidwell Pediatrics in Kitchener, Fax 519-741-0286).

A Pediatric Allergist is also capable of managing Asthma in varying severities*

If Parent / Guardian involved in client's care:

Name _____

Phone _____ Cell _____

E-mail *(required)* _____

Referral Date (yyyy/mm/dd) _____ OHIP Billing Number _____

Referring Physician (print) _____ Signature _____

Address _____ Telephone _____

E-mail (Optional) _____ Fax _____

Specify: ☐ **General Respirology Concern** ☐ **Asthma concern (Please review criteria above)**

Relevant details of Referral. If URGENT, please elaborate on reason for urgency:

_____

_____

_____

_____

_____

Medications: _____

_____

Other medical conditions: _____

_____

_____

_____

For Asthma: *In the past 12 months:*

☐ Oral Corticosteroid courses: _____

☐ Number of ED visits: _____

☐ Number of Hospitalizations: _____

Primary Language: _____ **Interpreter Required?** ☐ Yes ☐ No