

MOBILE RESPIRATORY SERVICE



T: 1-587-735-4274
F: 1-888-262-2679
myctscan@acesomedical.com

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|----------------------|--------------|---------------|
| PERSONAL INFORMATION | PATIENT NAME | DATE OF BIRTH |
| | ADDRESS | PHN |
| | MAIN PHONE | GENDER |

| | | |
|------------------------|---------------------|------------------------|
| REFERRING PHYSICIAN | REFERRING PHYSICIAN | DATE OF REFERRAL |
| | PHYSICIAN ADDRESS | PHYSICIAN PHONE NUMBER |
| | PHYSICIAN SIGNATURE | PRAC ID |

| RESPIRATORY | | |
|--|---|---|
| <input type="checkbox"/> | PULMONARY FUNCTION TEST | |
| <input type="checkbox"/> | SPIROMETRY ONLY | |
| <input type="checkbox"/> | STATIONARY - a scheduled day where the mobile clinic remains at a fixed location to serve patients onsite | <input type="checkbox"/> HOME VISIT - approved on a case-by-case basis when a patient is unable to attend the mobile clinic (see NOTES section below) |
| REFERRAL CRITERIA | | |
| <input type="checkbox"/> | SHORTNESS OF BREATH | <input type="checkbox"/> CHRONIC COUGH |
| <input type="checkbox"/> | SLEEP DISORDERED BREATHING PROBLEMS | <input type="checkbox"/> WHEEZING |
| <input type="checkbox"/> | HISTORY OF ASTHMA, COPD OR OTHER RESPIRATORY CONDITIONS | <input type="checkbox"/> PRE-OPERATIVE TESTING |
| <input type="checkbox"/> | DISEASE MONITORING | |
| <input type="checkbox"/> | ACTIVITY INDUCED RESPIRATORY SYMPTOMS | |
| <input type="checkbox"/> | OTHER | |
| RELATIVE CONTRAINDICATIONS | | |
| <input type="checkbox"/> | ACUTE MYOCARDIAL INFARCTION WITHIN 1 MONTH | <input type="checkbox"/> SINUS OR MIDDLE EAR SURGERY OR INFECTION WITHIN 1 WEEK |
| <input type="checkbox"/> | EYE SURGERY WITHIN 1 WEEK | <input type="checkbox"/> THORACIC, ABDOMINAL OR BRAIN SURGERY WITHIN 6 WEEKS |
| NOTES - If this is a home visit, please add as many details as possible. Mobile PFTs will only be provided at sites where it is safe to do so and there is space to park. For safety reasons, patients must be able to independently board and exit the mobile testing unit. | | |

Please fax completed form to 1-888-262-2679. We will contact and book the patient.