

# ACCESS & TRIAGE FORM

Date \_\_\_\_\_

## Patient Information

Name	Health Card #	
Date of Birth	Gender	
Email	Phone #	Mobile #
Street Address	City	
Postal Code	Province	

## Referring Physician Information

Referring Physician	OHIP Billing #
Physician Contact #	Physician Fax #

## Referring to

### GENERAL RESPIROLOGY

<b>Dr. Simon Landman</b> MD, FRCP(C)	<b>Dr. Nooreen Mann</b> MD, FRCP(C)	<b>Dr. Sarah Nelson</b> MD, FRCP(C)
<b>Dr. Milan V. Patel</b> MD, FRCP(C)	<b>Dr. Navjeet Uppal</b> MD, FRCP(C)	<b>Dr. Revital Wanono</b> MD, FRCP(C)

### SLEEP MEDICINE

<b>Dr. Simon Landman</b> MD, FRCP(C)	<b>Dr. Navjeet Uppal</b> MD, FRCP(C)
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## Urgency of Referral

**Urgent (< 10 business days)**                      **Routine**

**Please note:** accurate and timely triaging of a referral requires sufficient clinical information to be sent with the referral. For complex cases please consider calling the office to follow-up.

## Reason for Referral *Include relevant past medical history & medications or attach records*

## Requirements for Triage

- Related consultation letters and tests, including cardiac, sleep, allergy, ENT, GI, and rheumatology
- Previous spirometry or PFT if available
- Chest imaging results; CXR taken within 12 months or other relevant imaging
- TB skin test if relevant/applicable