



Pulmonary Rehabilitation Referral
Community Accessible Rehabilitation (CAR)

Admission Criteria

Client **must** have:

1. Moderate to severe chronic lung disease (*obstructive/restrictive*)
2. Rehabilitation potential (*i.e. be able to walk 100 meters in 6 minutes and transfer independently*).

As needed, clients will be assessed by the Pulmonary Rehabilitation Medical Director to ensure they are medically safe to exercise. This assessment may include a Cardiopulmonary Exercise Test (*CPET*).

Submit completed referral by **fax** to 403.776.3842. For inquiries **call** 403.943.9433.

All sections below must be completed. **Incomplete and unreadable referrals will be returned.**

CAR Program Use
 Date Received (*yyyy-Mon-dd*) -

Last Name	First Name
PHN Number	HRN Number
Address	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (<i>yyyy-Mon-dd</i>)

Client Last Name	Client First Name	Contact Number	Alternate Number
Alternate Contact Name		Contact Number	Relationship
Client Email Address (<i>for confirmation if available</i>)		Needs an Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes, Language _____	
Family Physician (<i>last, first</i>)		Contact Number	Fax Number

Lung Diagnosis

Important: The following information / documents must be included with the referral.

Date of most recent hospital admission for an acute exacerbation of lung disease
 _____ (*yyyy-Mon-dd*)

Recent Pulmonary Function Test (*Less than 1 year*): If not, please book and send results.

Recent Medical Consult Reports

Transportation

Independent Access Calgary is in place.

Referral Source

Last Name	First Name	Contact Number	Fax Number
Professional Designation <input type="checkbox"/> Dr <input type="checkbox"/> PT <input type="checkbox"/> RT <input type="checkbox"/> OT <input type="checkbox"/> RN <input type="checkbox"/> Other _____		Email Address	
		Signature	Date (<i>yyyy-Mon-dd</i>)

Attending Specialist (if different from referral source)

Last Name	First Name	Contact Number	Fax Number
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