



# Pulmonary Rehab Referral

Colchester East Hants Health Centre

Phone: (902) 893-5520 Fax: (902) 895-3572



Patient Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

HCN: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

PMHx: \_\_\_\_\_

\_\_\_\_\_

**Exclusion Criteria:**

- Unstable cardiovascular diagnosis
- Unstable angina
- Aortic valve disease
- Unstable pulmonary hypertension

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

April 10, 2015