

# ACCESS & TRIAGE FORM

Date

## Patient Information

Name	<input type="text"/>	Health Card #	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="text"/>
Email	<input type="text"/>	Phone #	<input type="text"/>
Street Address	<input type="text"/>	Mobile #	<input type="text"/>
Postal Code	<input type="text"/>	City	<input type="text"/>
		Province	<input type="text"/>

## Referring Physician Information

Referring Physician	<input type="text"/>	OHIP Billing #	<input type="text"/>
Physician Contact #	<input type="text"/>	Physician Fax #	<input type="text"/>

## Referring to

### GENERAL RESPIROLOGY

- |   |  |   |
|---|--|---|
| <input type="radio"/>                                       | <input type="radio"/> <b>Dr. Nooreen Mann</b> MD, FRCP(C)  | <input type="radio"/> <b>Dr. Sarah Nelson</b> MD, FRCP(C)   |
| <input type="radio"/> <b>Dr. Milan V. Patel</b> MD, FRCP(C) | <input type="radio"/> <b>Dr. Navjeet Uppal</b> MD, FRCP(C) | <input type="radio"/> <b>Dr. Revital Wanono</b> MD, FRCP(C) |

### SLEEP MEDICINE

- Dr. Navjeet Uppal** MD, FRCP(C)

## 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