

## Chronic Obstructive Pulmonary Disease (COPD) Integrated Care Pathway Referral

**Please fax referral to: (613) 548-2565**

Patient's Name: \_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Referring Provider Phone: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

### Eligibility:

Pulmonary function test consistent with COPD, demonstrating FEV1 / FVC <70% post bronchodilator OR radiographic evidence of emphysema on CT, **AND**:

- ☐ poor symptom control despite optimal therapy,  
**or**
- ☐ one or more exacerbations requiring prednisone and antibiotics in the past 12 months,  
**or**
- ☐ one or more emergency department visits or hospital admission within the past 12 months

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### For all referrals, please attach:

- ☐ current medical history
- ☐ medication list
- ☐ pulmonary function test

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### Services Provided:

Patients will be seen by a COPD Educator and may also be assessed by a Respiriologist if required.

- Self-management education
  - Pathophysiology of COPD
  - Role of medications, prescribed dosing, adherence
  - Device technique
  - Trigger avoidance and reduction
  - Identification of exacerbations
  - Use of a COPD Action Plan
  - Smoking / cannabis / vaping cessation
  - Breathing and pacing techniques
- Medication optimization and diagnostics as required
- COPD Action Plan development
- Referrals to smoking cessation, exercise therapy, others as needed

**Contact information for COPD Nurse Navigator: Fax:**  
(613) 548-2565

Signature: \_\_\_\_\_ Date (yyyy/mm/dd): \_\_\_\_\_