



Toronto Lung Transplant Program

TORONTO LUNG TRANSPLANT PROGRAM - ADULT REFERRAL FORM

The following is **required** when submitting a referral:

- Clinical Notes
- Full Pulmonary Function Test
- 6-Minute Walk Test
- CT Chest (Within 12-Months)
- Echocardiogram (Within 6-Months)

Active smoking of any substance within 6-months is a contraindication to lung transplantation. Patients should be abstinent for at least 3 months prior to referral.

Body mass index greater than 35 is a contraindication to consultation.

If you feel there are extenuating circumstances or access issues pertinent to the required information or contraindications above, please outline them below in the Comments/Special Circumstances Section.

This form and accompanying reports & consults can be emailed to: Lungtxreferral@uhn.ca or faxed to: 416-340-4044

Send CD images or PocketHealth of imaging (CT/angiogram) to:
Lung Assessment Office 12 PMB-100, 585 University Ave, Toronto, ON, M5G 2N2

<input type="checkbox"/>	Urgent Referral
Reason for Urgency:	

Date (dd-mm-yyyy):

Patient Demographics:

Name (as per Health Card)		
DOB (dd-mm-yyyy)		
Health Card Number: <small>(Include any letters)</small>	Expiry Date: <small>(If Outside Ontario)</small>	Version Code:
Patient Address		Postal Code
Patient Phone Number:		Patient E-Mail Address:
Height: <input type="checkbox"/> cm / <input type="checkbox"/> in	Weight: <input type="checkbox"/> kg / <input type="checkbox"/> lb	BMI:
Support Person <small>(Name, relationship, phone number & email address)</small>		<input type="checkbox"/> None Identified
Interpreter Needed? <input type="checkbox"/> Yes, language: _____ <input type="checkbox"/> No		

Referring Physician:

Referring Respiriologist Name:	
Address	Postal Code
Phone	Fax
E-Mail Address	

Family Physician/Practitioner:

Family MD/Practitioner Name:	<input type="checkbox"/> No Family MD/Practitioner
Address	
Postal Code	
Phone	
E-Mail Address	
Fax	

Health History:

Diagnosis	
Overview	
Allergies	<input type="checkbox"/> None
Smoking Hx: Pack History: _____ ppd x _____ Stopped When:	<input type="checkbox"/> Non-Smoker
Oxygen at Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rate at Rest:	Rate with Activity:
Has the patient participated in Pulmonary Rehab? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred	

Other Attachments To Include (As Available):

- Detailed Medical Consult
- Current Medication List
- Bloodwork: Electrolytes, Cr, CBC, LFTs, ABGs (Within 6-Months)
- Blood Group/ABO
- Positive Sputum Culture Results
- **For Patients Over 40 Years Old**** Nuclear Cardiac Stress Test (Within 2-Years)

Comments / Special Circumstances:

If you have any questions, please contact: Lungtxreferral@uhn.ca