



Timmins & District Hospital
Pediatric Asthma Clinic
Tel: 705-267-2131 x2528
Fax: 705 -267-6346

Patient Name	
Date of Birth (dd/mm/yy)	
Telephone #	
Parent/Guardian	

Referring Physician: _____
Print Name: _____
Date: _____

- Urgent:** Post ED for exacerbation
 Post Admission
 < 1 year of age
 Poor asthma control despite trial of inhaled corticosteroids
 Other _____

- Routine:** Diagnosis unclear
 Do not have a Family Physician and require ongoing care
 Other _____

- ✓ Referrals to the Pediatric Asthma Clinic include a consultation with a Pediatrician and Spirometry
- ✓ If you suspect asthma, our clinic would appreciate that you begin 1st tier management for every patient you refer (unless there are strong contraindications you are aware of).
- ✓ For patients NOT on any inhaled medication, please start the following:

salbutamol pMDI 100mcg	<u>Age</u>	<u>Dosage</u>
	0-2	2 puffs inhaled q4H PRN
	2+	4 puffs inhaled q4H PRN

- ✓ For patients already receiving salbutamol, start a trial of:
Alvesco 200-mcg MDI 1 inhalation daily and continue until seen by our clinic

Current Medication: _____

For TDH Use Only	
Date Received:	Comments:
Clinic Date & Time:	
Date Patient Notified:	

**Please fax referral to (705) 267-6346 Cardiopulmonary Department
 Timmins and District Hospital**



HDRCREP

PCS-0086-0223