

**Pulmonary Rehabilitation Program**

**St. Catharines Site  
1200 Fourth Ave,  
St. Catharines, ON L2S 0A9  
Fax: 905-704-4756  
Phone: 905-378-4647, ext. 46502**

**Patient name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **Health Card Number:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Alternate contact number:** \_\_\_\_\_

**Relevant Medical History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach most recent Pulmonary Function Test, walk test, respirology consult notes if available.**

\_\_\_\_\_  
**Referring Physician**

**Please fax all referrals to 905-704-4756. Thank you.**