

# Asthma & COPD Education Service Referral



Please complete all parts of this referral.  
Attach all relevant patient documents including Asthma Action Plan & Patient Management Plan  
Email to [referrals@asthmawa.org.au](mailto:referrals@asthmawa.org.au) or fax (08) 9289 3601

Diagnosis: <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Asthma and COPD		
<b>Patient Information</b>		
Patient full name:		DOB:
Contact person:	Relationship to patient:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		
Phone (H):	( M):	Email:
Address:	Suburb:	Postcode:
Country of birth:	Main language spoken at home:	
Interpreter required: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Aboriginal or Torres Strait Islander: <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander		
<b>Medicare Number:</b>		
<b>Consent</b>		
Consent has been obtained to provide patient contact details to Asthma WA.		
Yes/No	Consent provided by:	Date:
<b>Referrer Information</b>		
Name:	Stamp / Address:	
Position:		
Workplace:		
Phone:		
Fax:		
Email:		
Preferred correspondence method: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Post		
Please attach all relevant documentation: Asthma Action Plan / Patient Care Plan / Spirometry Results		

Thank you for your referral. For more information please call 1800 278 462 or email  
[referrals@asthmawa.org.au](mailto:referrals@asthmawa.org.au)