



Respiratory Assessment

CLIENT INFORMATION

Name _____ DOB _____ Sex M F _____ Identifies as _____

Height _____ ' _____ " Weight _____ (lbs) BMI _____ PHIN _____

Address _____ Phone _____

Support person _____ Phone _____ Relationship _____

Family Physician _____ Phone _____ Fax _____

Respirologist _____ Phone _____ Fax _____

Other _____ Case Coordinator Physician Phone _____ Fax _____

Client has signed a personal information release consent

THE CAREICA HEALTH RESPIRATORY PLAN IN ACTION

My visit with your patient included a review of these safety reminders and self management strategies:

Education

- Pathophysiology of disease
- Inhaler device technique
- COPD action plan/living with COPD
- Asthma action plan
- Oxygen therapy, Rx, appropriate use

Safety

- Equipment operation/safe use and handling
- Infection control
- Use of back-up oxygen supply
- Falls prevention
- Risk awareness: smoking while using oxygen

Supports/Referrals Available

- Pulmonary rehabilitation
- Tobacco cessation
- Certified Respiratory Education
- Quality of life coaching