



Where do I send my pediatric asthma referral in the Calgary Zone?

Please choose one of the following services to send your pediatric asthma referral in the Calgary Zone. If in doubt, send your referral to the Community Pediatric Asthma Service and we will facilitate your referral to the Asthma Specialty Clinic if required (and notify you).

Pediatric Pulmonary Diagnostic Lab at the Alberta Children's Hospital Phone: 403-955-7875 Fax: 403-592-5101	Community Pediatric Asthma Service Phone: 403-943-9139 Fax: 403-776-3806	Asthma Specialty Clinic at the Alberta Children's Hospital Phone: 403-955-7328 Fax: 403-776-3807
For more information, see the clinic profile in the Alberta Referral Directory (ARD) Alberta Referral Directory	For more information, see the clinic profile in the Alberta Referral Directory (ARD) Alberta Referral Directory	For more information, see the clinic profile in the Alberta Referral Directory (ARD) Alberta Referral Directory
Quick Link to Referral Form	Quick Link to Referral Form	Quick Link to Referral Form
Standard pulmonary function lab testing: <ul style="list-style-type: none"> • Pre-school testing 4 – 6 years, if developmentally appropriate • Complete PFT for 6+ years with pre/post bronchodilator 	Mild to Moderate Asthma <ul style="list-style-type: none"> • Poor control • Recent asthma admission • >3 ED visits • Medication review • Written Asthma Action Plan • Multiple episodes of wheeze • Family history of asthma • Confirmation of diagnosis • Trigger avoidance strategies • Needs more information about asthma 	Moderate to Severe Asthma <ul style="list-style-type: none"> • ICU admission for asthma • Co-morbidities • Prematurity • Non-responsive to treatment (explain below) • Minimum 3-month trial of ICS (explain below) • Psycho/social concerns impacting asthma control
<p>PLEASE NOTE: <i>Exercise testing and methacholine challenge referrals are only currently available to respiratory specialty clinics</i></p>	<p>PLEASE NOTE:</p> <ul style="list-style-type: none"> ✓ Spirometry provided for 6+ years ✓ Refer children <6 months to Pulmonary Clinic ✓ Refer children 6 - 18 months to Asthma Specialty Clinic 	<p>PLEASE NOTE: ✓ Refer children <6 months to Pulmonary Clinic</p> <p>Pulmonary Clinic Fax: 403-476-7755</p>

For additional Pediatric Asthma Referral Options in the Calgary Zone, see below (Page 2)

Additional Pediatric Asthma Referral Options in the Calgary Zone

Urgent Referrals, Alberta Children's Hospital	Phone: 403-955-7211 (Main Switchboard)	
Physicians can call Alberta Children's Hospital main switchboard and ask to page the "pediatric respiratory physician on-call".		
Community Pediatricians:		
For a list of community pediatricians with a special interest in asthma, visit, http://www.ucalgary.ca/icancontrolasthma (see "Clinical" tab, Health Care Providers, Important Information, "Looking for a pediatrician with a special interest in asthma?").		
Calgary COPD & Asthma Program (CCAP)	Phone: 403-944-8742	Fax: 403-476-7772
Patients 17 years+ can self-refer for asthma/COPD education. Referrals for tobacco reduction and chronic cough require physician referral. ✓ Quick link to referral form		
Teen Asthma Program, Rockyview Hospital	Phone: 403- 943-8660	Fax: 403- 592-4201
Physicians can refer patients 17+ for respirologist support as they transition to adult care. Referrals are received by Calgary Zone Pulmonary Central Access & Triage (CAT). In Connect Care, please choose "Ambulatory Referral to Pulmonology" and choose "Calgary Zone Pulmonary CAT". Pulmonary Central Access & Triage (PCAT) and forwarded to the Clinic for triage. The clinic currently operates out of Rockyview General Hospital. Click here for referral form. ✓ Please indicate/comment the patient is intended for the "RGH Asthma Program." ✓ Quick link to referral form		



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