



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

Community Asthma Care Centre

Client's Name: _____

Address: _____

Telephone Number (home): _____ (business): _____

Date of Birth: _____

Health Care Number: _____

Present Medication
Therapy: _____

Asthma education only

Asthma education and Respiriologist/Paediatrician consultation

Referring Physician
Signature: _____ Physician Signature

Date of Referral: _____

****All Visits require an appointment****

Please call 905 378-4647 (4NHS) ext. 46502 for an appointment

This form may be faxed to 905 704-4756

Or forwarded directly to:

Community Asthma Care Centre, St. Catharines General Site, Niagara
Health System, 142 Queenston St., St. Catharines Ont. L2R 7C6