

PATIENT REFERRAL FORM

PLEASE FAX TO: (403) 457-1288

PATIENT INFORMATION OR PATIENT LABEL

Date: _____ Patient's Name: _____
Last *First*

PHN#: _____ Date of Birth: _____ Gender: **M** **F**

Address: _____

City: _____ Postal Code: _____ Email: _____

Tel: (Home) _____ Tel: (Work) _____

Diagnosis: _____

Comments: _____

**SLEEP THERAPY
AND
DIAGNOSTICS**

- | | | | |
|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Level 3 Sleep Study ¹ | <input type="checkbox"/> | CPAP Trial |
| <input type="checkbox"/> | CPAP Reassessment | <input type="checkbox"/> | Dental Appliance Therapy Assessment ² |
| <input type="checkbox"/> | Sidestream Nebulizer | <input type="checkbox"/> | Aerochamber & Teaching |

**MEDICATION/
AEROSOL DELIVERY**

PULMONARY FUNCTION TESTING

Complete Pulmonary Function Testing³ Spirometry Testing⁴

REASON FOR TEST (CHECK ALL THAT APPLY)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Query Lung Disease | <input type="checkbox"/> Pre-Operative | <input type="checkbox"/> S.O.B. |
| <input type="checkbox"/> Evaluate Lung Disease | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> I.L.D. |
| <input type="checkbox"/> Query COPD or Asthma | <input type="checkbox"/> Amiodarone / or other drug use | <input type="checkbox"/> Other: _____ |

¹ Sleep Study (Level-3) with respirologist interpretation and intervention as per Respirologist Directive
(May include – CPAP Trial, Treatment, or Oral Appliance)

² May require Level 3 Sleep Study

³ Flow volume loop, lung volumes, diffusion capacity and oximetry

⁴ Flow volume loop and oximetry

PHYSICIAN: _____ **SIGNATURE:** _____

TEL: _____ **FAX:** _____

Note: Please be advised that patients referred for pulmonary function testing will be asked unless otherwise directed by referring physician to not use bronchodilators Ventolin (Salbutamol, Airomir), Bricanyl, Formoterol, Salmeterol, Advair, Symbicort, and Atrovent for at least 4 - 6 hours prior to the test, and not to use Spiriva 48 hours prior to testing. Patients should not smoke or use any caffeine for at least 4 hours prior to testing.