

REFERRAL FORM

Sleep Services/Diagnostics – Fax: 1-780-989-5499

Oxygen Therapy – Fax: 1-587-462-5010



Patient Information/Label:

Last Name: _____

First Name: _____

DOB: YY / MM / DD Sex: M F O

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

Health Card Number: _____

Preferred Contact Number: _____

Alternate Contact Number: _____

Date Referral Sent: _____

URGENT

Clinic Information/Label:

Clinic Name: _____

Referring Physician: _____

PRACID: (required) _____

When contacting this clinic please call:

Contact Name: _____

Contact Number: _____

Primary Care Physician if different than above:

Dr. Name: _____

Fax: _____ Phone: _____

Dr. Signature: _____

Considered a valid prescription when signed by a physician or nurse practitioner.

SLEEP SERVICES

- Sleep Assessment & Treatment****
Level 3 HSAT, may include CPAP titration / treatment or oral appliance therapy.
- Home Sleep Apnea Test Only (HSAT - Level 3)****
- CPAP titration / treatment: _____ cmH2O**
Prior diagnosis required. May include HSAT as recommended.
- Re-assessment of Treatment**
 - HSAT on treatment**
 - HSAT off treatment**
Patient required to be off treatment for 3-5 days.
- Overnight Oximetry**
- Oral Appliance Therapy**
Prior diagnosis required. May include HSAT as recommended.

****Not appropriate for under 13 years of age.**

OXYGEN THERAPY – EDMONTON ONLY

- Home Oxygen Assessment**
ABG, PFT, Oximetry as per AADL guidelines. Initiate oxygen therapy to maintain SpO₂ > 89% if AADL funding guidelines are met.
- Assess to challenge AADL Walk Test for oxygen funding**

DIAGNOSTICS

- Room Air Arterial Blood Gas (ABG) - Edmonton Only**
Start home oxygen if PaO₂ < 60; Spirometry will be included.
- Complete Pulmonary Function Test**
- Spirometry**

PATIENT MEDICAL INFORMATION

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Congestive heart failure or significant cardiopulmonary disease | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma / COPD | <input type="checkbox"/> Oxygen use >3L/min |
| <input type="checkbox"/> Chronic opioid medication use | <input type="checkbox"/> Neuromuscular disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Smoking history |
| | | | <input type="checkbox"/> Snoring |

Reason for Referral: _____

Edmonton West

Unit 101-10642 178 St NW

Edmonton Downtown

Unit 101-10155 120 St NW (Located in Allin Clinic)

Edmonton South

Unit 173-4211 106 St NW

Grande Prairie

Unit 108-10814 100 St

Phone: 780-814-5563

To reach us by phone:
Sleep Medix Sleep Services/Diagnostics 780-989-5440
FreshAir Respiratory Care Oxygen Therapy 587-462-5009

PFT REFERRAL GUIDELINES FOR PHYSICIANS

Definitions:

Full PFT: Pre & Post Bronchodilator Spirometry/Diffusion Capacity/Lung Volumes
Spirometry: Pre & Post Bronchodilator Spirometry

Conditions where suboptimal lung function results or test performance are likely:

1. Chest or abdominal pain
2. Oral or facial pain by mouthpiece
3. Stress incontinence
4. Dementia or confused state
5. Inability to follow instructions (e.g. <6 years, Mental Health Condition)

Other contraindications and waiting period before testing include:

1. Recent eye surgery 1 week to 6 months (depending on type of surgery)
2. Recent brain surgery or injury (4 weeks)
3. Pneumothorax (6 weeks)
4. Hemoptysis of unknown origin or related to transmissible respiratory infection
5. Current Pneumothorax
6. Unstable cardiovascular status / Acute MI / Non-Compensated Heart Failure - (1 week)
7. Thoracic, abdominal, or cerebral aneurysms
8. Active or suspected transmissible respiratory infections
9. Sinus or middle ear surgery within - (1 week)
10. Abdominal or Thoracic surgery (4 weeks)
11. Late term Pregnancy

PFT REFERRAL GUIDELINES AND PRE-TEST INSTRUCTIONS FOR PATIENTS

Do not take (if possible) the following medications prior to your appointment:

Inhaled bronchodilators:

- Short-acting for 4 hours (e.g. albuterol, salbutamol, ventolin, bricanyl)
- Long-acting for 24 hours (e.g. formoterol, salmeterol, Oxeze, Serevent, Symbicort, Advair)
- Ultra long-acting agents for 36 hours (e.g. Onbrez, Breo, Inspolto, Anoro)
- Long-acting Muscarinic Antagonists 36-48 (e.g. Spiriva, Incruse, Tudorza, Seebri, Anora, Inspolto, Ultibro, Duaklir)

Anticholinergics:

- Short-acting for 12 hours (e.g. Atrovent)
- Long-acting for 36-48 hours (e.g. Tiotropium)

Take as Usual

Take Theophylline preparations and oral steroids as usual

You should not have a Pulmonary Function Test if you have had:

- A) Pneumothorax (Lung Collapse) in the last 6 weeks
- B) Eye Surgery (including Laser Surgery) in the last 1 week to 6 months (depending on type of eye surgery)
- C) Surgery of the chest, next or abdomen in the last 4 weeks
- D) Unstable cardiovascular condition within 1 week
- E) Any type of aneurysm

****Refrain from smoking for 3 hours prior to testing****

****Refrain from taking anything containing caffeine 3 hours prior to testing****