

**REFERRAL FORM**

**PATIENT DEMOGRAPHICS** (Please print or attach label)

PHN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F Identify as: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**ASSESSMENTS/DIAGNOSTICS**

- Sleep Apnea Testing/Treatment (Level 3 Sleep Study (HSAT), Assessment, Auto CPAP Trial and Treatment as indicated)
- Sleep Apnea Testing Only
- Full Pulmonary Function Test and Oximetry
- Arterial Blood Gas (Spirometry Included)
- Methacholine Challenge Test (Spirometry Included - please attach any PFT/Spirometry performed in past 6 months)
- Pulse Oximetry/Respiratory Assessment
  - At Rest
  - On Exertion
- Testing to Maintain Ongoing AADL Funding (May require Level III Sleep Study, PFT, ABGs, 6 Minute Walk Test, Pulmonary Consult)
- Spirometry
- Spirometry/DLCO
- Sleep Specialist Consult
- Pulmonary Consult

**THERAPIES**

- AutoCPAP Therapy \_\_\_\_ cmH2O to \_\_\_\_ cmH2O
- Fixed CPAP Therapy \_\_\_\_ cmH2O
- Oxygen Therapy
  - Keep SpO2 > 90%
  - Flow Rate: \_\_\_\_\_ LPM
- Palliative Home Oxygen  
 (Please specify palliative diagnosis) \_\_\_\_\_

**REASON FOR REFERRAL**

- Fatigue
- Snoring/Witnessed Apneas
- Dyspnea
- Cough
- Query COPD
- Evaluate COPD
- Query Asthma
- Evaluate Asthma
- Query ILD
- Evaluate ILD
- Pre-Op Assessment
- Home Oxygen Funding

Other/Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICIAN SIGNATURE**

Additional Comment/Considerations: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ PRAC ID: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

**FAX COMPLETED FORM TO (780) 249-7377**

Collaboration-In-Care With:



Respiratory  
Dynamics



## LOCATIONS

### RESPIRATORY DYNAMICS SLEEP GROUP



#### **St. Albert**

234-20 Perron Street,  
St. Albert, AB

**Services: HSAT (Level III Sleep Study), CPAP  
Therapy**

#### **Ft. McMurray**

8106 Fraser Avenue #55  
Ft. McMurray, AB

**Services: HSAT (Level III Sleep Study),  
CPAP Therapy**

#### **Edmonton - South**

215-9148 23rd Avenue (Square on 23rd)  
Edmonton, AB

**Services: HSAT (Level III Sleep Study),  
CPAP Therapy**

#### **Sherwood Park**

100-849 Premier Way  
Sherwood Park, AB

**Services: HSAT (Level III Sleep Study), CPAP  
Therapy**

### RESPIRATORY DYNAMICS HOME OXYGEN



#### **Edmonton**

18035 107 Avenue NW  
Edmonton, AB

**Services: Home Oxygen Therapy, Portable Suction,  
Aerosol Therapy, Respiratory Assessment**

### PRECISION PULMONARY DIAGNOSTICS



#### **St. Albert**

102-225 Carleton Drive  
St. Albert, AB

**Services: PFT, ABG,  
Methacholine Challenge  
Testing**

#### **Edmonton - West/Canora**

15803 100A Avenue NW  
Edmonton, AB

**Services: PFT,  
Methacholine Challenge  
Testing**

#### **Edmonton - South**

625 Parsons Rd SW (in  
Parsons Medical Clinic)  
Edmonton, AB

**Services: PFT, ABG**

#### **Edmonton - North/ Clareview**

3804 137 Avenue NW  
(SmartCentres)  
Edmonton, AB

**Services: PFT, Methacholine  
Challenge Testing**

#### **Edmonton Northeast/Beverly**

11809 68th Street NW (The Allergy  
Clinic)  
Edmonton, AB

**Services: PFT, Methacholine  
Challenge Testing**

#### **Sherwood Park**

100-849 Premier Way  
Sherwood Park, AB

**Services: PFT, ABG**