

# PEAK MEDICAL GROUP

Toll Free Telephone & Fax: 1-855-738-PEAK(7325)  
 WWW.PEAKMEDICALGROUP.CA

## REFERRAL FORM



### PATIENT DEMOGRAPHICS (PLEASE PRINT OR AFFIX LABEL)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Provincial Healthcare Number: \_\_\_\_\_  
 Contact Phone Numbers (Home/Work/Cell): \_\_\_\_\_

### TESTS AND SERVICES REQUESTED

- Arterial Blood Gases
- Full Pulmonary Function Testing (*Spirometry with Pre and Post Bronchodilator, Diffusion, Lung Volumes*)  
 Repeat Annual Testing?  Yes  No
- Home Oxygen Assessment (*Requires PFT and/or ABG*)
- Inhaler Technique Consult with Certified Respiratory Educator
- Methacholine Challenge Testing (*Requires Respiriology Consult with Consultation Letter*)
- Sleep Apnea Testing and Treatment (*Level 3 Sleep Study, Assessment, Auto CPAP Trial and Treatment*)
- Smoking Cessation Consult with Certified Respiratory Educator
- Spirometry
- Spirometry and Diffusion Capacity (*DLCO*)
- Xolair Injection (*Requires Respiriology or Allergy Consult with Consultation Letter*)

### HOME OXYGEN ASSESSMENT

- Oxygen Therapy (*Required to start therapy post assessment*)
  - Maintain SpO<sub>2</sub> > 89%
  - \_\_\_\_ LPM \_\_\_\_ hours/day
- Maintain Ongoing AADL Funding (*May require Level III Sleep Study, PFT, ABG, 6-Minute Walk Test, Respiriology Consult*)

### MEDICINE HAT CONSULTATIONS

- Respiratory Medicine

### PHYSICIAN COMMENTS, CURRENT MEDICATIONS, AND SMOKING HISTORY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Current Smoker       Ex-smoker       Non-smoker

### REASON FOR TESTING

- Query Asthma
- Evaluate Asthma
- Query COPD
- Evaluate COPD
- Interstitial Lung Disease
- Occupational Lung Disease
- Chronic Cough
- Sleep Apnea
- Sarcoidosis
- Bronchiectasis
- Alpha 1-Antitrypsin
- Other

### CONSULTATIONS (LETTER REQUIRED)

- |  |   |
|--|---|
| <b>Adult:</b><br><input type="checkbox"/> Allergist Consultation<br><input type="checkbox"/> Gynaecology Consultation<br><input type="checkbox"/> Internal Medicine Consultation<br><input type="checkbox"/> Neurology Consultation<br><input type="checkbox"/> Occupational Medicine Consultation<br><input type="checkbox"/> Physical Medicine and Rehabilitation ( <i>Physiatry</i> ) Consultation<br><input type="checkbox"/> Psychiatry<br><input type="checkbox"/> Respiriology Consultation<br><input type="checkbox"/> Rheumatology Consultation<br><input type="checkbox"/> Sleep medicine Consultation | <b>Pediatric:</b><br><input type="checkbox"/> Pediatric Allergist Consultation<br><input type="checkbox"/> General Pediatrician Consultation<br><input type="checkbox"/> Pediatric Neurologist Consultation<br><input type="checkbox"/> Pediatric Respiriologist Consultation |
|--|---|

### CLINIC AND REFERRING PHYSICIAN (PLEASE PRINT OR STAMP)

Clinic Name: \_\_\_\_\_  
 Clinic Phone: \_\_\_\_\_  
 Clinic Fax: \_\_\_\_\_  
 Referring Doctor (please print): \_\_\_\_\_  
 Signature: \_\_\_\_\_

- Continuum of Care for this patient only  
 Please check our web page for details.

*Please note there is no cost to the patient for any of the services listed.  
 We will contact the patient to book the appointment.  
 Please see reverse side for additional information.*

# *Peak Medical now accepting referrals for:*

## **→ General Internal Medicine → Adult & Geriatric Psychiatry**

- If patient is unable to keep their appointment, they should call our office at 1-855-738-PEAK(7325) as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48hours' notice for cancellations.
- When requesting a consultation, please provide referral letter and pertinent patient medical history.
- Methacholine challenge testing warrants clinical correlation with a referral to a respirologist/allergist as there may be other factors pertaining to the diagnosis of obstructive lung disease.
- All respiratory testing includes oximetry, education for the patient, and Respirologist interpretation and recommendations.

If your office/clinic requires more Requisition Pads and/or Patient Information Sheets, please call our office at 1-855-738-PEAK(7325), email us at [info@peakmedicalgroup.ca](mailto:info@peakmedicalgroup.ca), or download additional copies at [www.peakmedicalgroup.ca](http://www.peakmedicalgroup.ca)

### LOCATIONS

- 1 Peak Hamptons Coop**  
#500, 1000 Hamptons Drive NW, T3A 6A7
- 2 Peak Sleep Crowfoot**  
#3, 400 Crowfoot Crescent NW, T3G 5H7
- Peak Medical Crowfoot Coop**  
31 Crowfoot Way NW, T3G 2L4
- 3 Peak Brentwood Coop**  
4114 Brentwood Road NW, T2L 1K8
- 4 Peak Montgomery**  
#125, 4611 Bowness Road NW, T3B 0B2
- 5 Peak Village Square Coop**  
2520 52nd Street NE, T1Y 3R5
- 6 Peak Lincoln Park**  
#103, 49 Richard Way SW, T3E 7M8
- 7 Peak Shawnessy Coop**  
#103, 250 Shawville Boulevard SE, T2Y 2Z7
- 8 Peak Walden**  
#3101 19605 Walden Blvd SE, T2X 4C3
- 9 Peak Okotoks**  
#1031 200 Southridge Drive, T1S 0B2
- 10 Peak Strathmore Coop**  
120 Edgefield Place, T1P 0E8
- 11 Peak Medicine Hat**  
#311, 770 6th Street SW, T1A 8M7

