

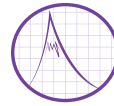
PEAK MEDICAL GROUP

Toll-Free Ph: 1-833-738-PEAK(7325) | Fax: 1-855-738-7325

WWW.PEAKMEDICALGROUP.CA



PEAK MEDICAL
SPECIALTY CENTRES



PEAK PULMONARY
FUNCTION LABORATORIES



PEAK SLEEP CLINIC



PEAK OXYGEN



PEAK RESEARCH
GROUP

RED DEER 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

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

PHYSICIAN COMMENTS, CURRENT MEDICATIONS, AND SMOKING HISTORY

Current Smoker Ex-smoker Non-smoker

CONSULTATIONS (LETTER REQUIRED)

- Allergist Consultation
- Internal Medicine Consultation (*Calgary*)
- Occupational Medicine Consultation (*Calgary*)
- Physical Medicine and Rehabilitation (*Physiatry*) Consultation (*Calgary*)
- Pediatric Infectious Disease Consultation (*Calgary*)
- Pediatric Neurologist Consultation (*Edmonton*)

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.*

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

LOCATION

Peak Medical Specialty Centres - Riverlands Professional Building, #200, 5440 45th Street, T4N 1L1

- If patient is unable to keep their appointment, they should call our office at 587-797-1937 as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48 hours' notice for cancellations.
- When requesting a consultation, please provide referral letter and pertinent patient medical history.
- 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 587-797-1937, email us at info@peakmedicalgroup.ca,
or download additional copies at www.peakmedicalgroup.ca