

# PEAK MEDICAL GROUP

Ph: 1-833-738-PEAK (7325)  
Fax: 1-855-738-PEAK (7325)  
www.peakmedicalgroup.ca  
info@peakmedicalgroup.ca

## EDMONTON REFERRAL FORM



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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ PHN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  M  F Identify as: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_

### PULMONARY FUNCTION TESTING AND SERVICES

- Full Pulmonary Function Testing (*Spirometry Testing with Pre and Post Bronchodilator, Diffusion, Lung Volumes*)
- Spirometry Testing
- Spirometry Testing and Diffusion Capacity Testing (*DLCO*)
- Methacholine Challenge Test
- Arterial Blood Gases
- Inhaler Technique Consult with Certified Respiratory Educator
- Smoking Cessation Consult with Certified Respiratory Educator

### HOME SLEEP APNEA TESTING AND SERVICES

- Sleep Apnea Testing and Treatment (*Level 3 Sleep Study, Assessment, CPAP Trial and Treatment, 16 and older, post pubescent*)

### REASON FOR REFERRAL, PHYSICIAN COMMENTS, AND CURRENT MEDICATIONS,

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

- Current Smoker       Ex-smoker       Non-smoker

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

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

### CONSULTATIONS (LETTER REQUIRED)<sup>†</sup>

- Allergy\* (*Adult and Pediatric*)
- Internal Medicine (*Adult*)
- Neurology (*Pediatric*)  
*Phone: 780-306-9209 | Fax: 780-306-9210*
- Respiriology (*Adult*)

\* Additional fees may apply to Allergy Specialty Appointments; contact our office for a fee estimate on these services

† As per CPSA, please include the following in your consult letter:

- Purpose of the referral, including but not limited to specifying if the referral is solely for the purpose of a third-party request;
- Pertinent clinical information, including but not limited to the relevant investigation results; and
- Expected consultation outcomes (ex. medical opinion only, possible transfer of care, other)

If patient is unable to keep their appointment, they should call our office at 1-833-738-PEAK (7325) as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48 hours' notice for cancellations.

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.

### LOCATION

**Peak Allendale: 208, 10430 – 61 Avenue NW, Edmonton, AB, T6H 2J3**  
**Main Phone: 587-786-3352 | Main Fax: 587-786-3311**  
Pediatric Neurology Direct Phone: 780-306-9209  
Pediatric Neurology Direct Fax: 780-306-9210

If your office/clinic requires more Requisition Pads and/or Patient Information Sheets, please call our office at **1-833-738-PEAK(7325)**, email us at **info@peakmedicalgroup.ca** or download additional copies at **www.peakmedicalgroup.ca**

Please note some services listed are not covered by Alberta Healthcare. We will contact the patient to book the appointment.