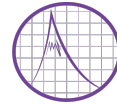


PEAK MEDICAL GROUP

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

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 Testing
- Xolair Injection (*Requires Respiriology or Allergy Consult with Consultation Letter*)
- Inhaler Technique Consult with Certified Respiratory Educator
- Smoking Cessation Consult with Certified Respiratory Educator

CONSULTATIONS (LETTER REQUIRED)[†]

Adult

- Allergy*
- Gynaecology (*Calgary*)
- Internal Medicine (*Calgary*)
- Neurology (*Calgary & Edmonton*)
- Physical Medicine and Rehabilitation (*Physiatry*) (*Calgary*)
- Psychiatry (*Calgary*)
- Respiriology (*Calgary & Edmonton*)

Pediatric:

- Pediatric Allergy*
- Pediatric Neurology (*Edmonton*)
- Pediatric Respiriology (*Calgary*)
- Pediatric Sleep (*13 years and up*) (*Calgary*)

* 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.

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: _____

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

LOCATION

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

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