

# PEAK MEDICAL GROUP

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## CALGARY AND SURROUNDING AREA 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. Includes inhaler technique*)
- Spirometry Testing
- Methacholine Challenge Testing (*Requires Respiriology Consult with Consultation Letter*)
- Arterial Blood Gases
- Smoking Cessation Consult with Certified Respiratory Educator

### HOME SLEEP APNEA TESTING AND SERVICES

- Sleep Apnea Testing, Assessment and Treatment (*Level 3 Sleep Study, Assessment, CPAP Trial and Treatment*)
  - Pediatric Sleep Testing, Assessment and Treatment (*Patient will be seen by Pediatric Respiriologist prior to testing. Testing only for patients 16 and older, post pubescent*)
  - Sleep Apnea Testing Only
- Reason for Sleep Referral: \_\_\_\_\_

### 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*)

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

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

### CONSULTATIONS\* (LETTER REQUIRED)\*

- |   |  |
|---|--|
| <b>Adult</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Allergy*</li><li><input type="checkbox"/> Dermatology</li><li><input type="checkbox"/> Gynaecology</li><li><input type="checkbox"/> Internal Medicine</li><li><input type="checkbox"/> Neurology</li><li><input type="checkbox"/> Physical Medicine and Rehabilitation (<i>Physiatry</i>)</li><li><input type="checkbox"/> Podiatry*</li><li><input type="checkbox"/> Psychiatry</li><li><input type="checkbox"/> Respiriology</li><li><input type="checkbox"/> Sexual Health</li></ul> | <b>Rheumatology</b> <ul style="list-style-type: none"><li><input type="checkbox"/> <a href="#">General Rheumatology</a></li><li><input type="checkbox"/> Certified Clinical Densitometrist (<i>Specializing in Osteoporosis</i>)</li></ul> <b>Pediatric</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Pediatric Allergy*</li><li><input type="checkbox"/> Pediatric Dermatology</li><li><input type="checkbox"/> Pediatric Podiatry*</li><li><input type="checkbox"/> Pediatric Respiriology</li><li><input type="checkbox"/> Pediatric Sleep</li></ul> <p><small>* Additional fees may apply to Allergy and Podiatry specialty appointments; Please contact our office for a fee estimate on these services.</small></p> |
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### REASON FOR REFERRAL, PHYSICIAN COMMENTS, AND CURRENT MEDICATIONS

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

Current Smoker       Ex-smoker       Non-smoker

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](mailto:info@peakmedicalgroup.ca) or download additional copies at [www.peakmedicalgroup.ca](http://www.peakmedicalgroup.ca)

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

† 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.

## LOCATIONS

- 1 Peak Hamptons Co-op**  
500, 1000 Hamptons Drive NW, T3A 6A7  
*Located next to the Hamptons Co-op*
- 2 Peak Sleep Crowfoot**  
3, 400 Crowfoot Crescent NW, T3G 5H7
- 3 Peak Medical Crowfoot Co-op**  
31 Crowfoot Way NW, T3G 2L4  
*Located next to the Crowfoot Co-op*
- 4 Peak Beddington Co-op**  
170, 8220 Centre Street N, T3K 1J7  
*Located inside the Beddington Co-op*
- 5 Peak Montgomery**  
125, 4611 Bowness Road NW, T3B 0B2
- 6 Peak Village Square Co-op**  
2520, 52nd Street NE, T1Y 3R5  
*Located inside the Village Square Co-op*
- 7 Peak Lincoln Park**  
103, 49 Richard Way SW, T3E 7M8
- 8 Peak Shawnessy Co-op**  
100, 250 Shawville Boulevard SE, T2Y 2Z7  
*Located inside the Shawnessy Co-op*
- 9 Peak Walden**  
3101, 19605 Walden Blvd SE, T2X 4C3
- 10 Peak Okotoks**  
1031, 200 Southridge Drive, T1S 0B2
- 11 Peak Strathmore Co-op**  
120 Edgefield Place, T1P 0E8  
*Located beside the Strathmore Co-op*

