

# PEAK MEDICAL GROUP

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info@peakmedicalgroup.ca

## 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

### 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*)
  - Sleep Apnea Testing Only
- Reason for Sleep Referral: \_\_\_\_\_

### 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)\*

#### 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 (*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.

All respiratory testing includes oximetry, education for the patient, and Respiriologist interpretation and recommendations.

### 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](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.