PEAK MEDICAL GROUP

PEAK MEDICAL SPECIALTY CENTRES
PEAK PULMONARY FUNCTION LABORATORIES
PEAK OXYGEN
PEAK RESEARCH
PEAK SLEEP CLINIC

RED DEER

REFERRAL FORM

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

PATIENT DEMOGRAPHICS (PLEASE PRINT OR AFFIX LABEL)

Last Name: **First Name:** **PHN:**

Date of Birth: **Sex:** ☐ Male ☐ Female **Identify as:** **Phone:**

Address:

PULMONARY FUNCTION TESTING AND SERVICES

☐ **Full Pulmonary Function Testing**
(Spirometry Testing with Pre and Post Bronchodilator, Diffusion Capacity, Lung Volumes, includes inhaler technique teaching)

☐ **Spirometry Testing**

☐ **Methacholine Challenge Testing**
(Requires Respirology Consult with Referral Letter)

HOME SLEEP APNEA TESTING AND SERVICES

☐ **Sleep Apnea Testing, Assessment and Treatment**
(Includes Level 3 Sleep Study, Assessment, CPAP trial with Auto CPAP settings (5-15 cmH2O), may be adjusted to max CPAP of 20cmH2O at Respiratory Therapist/Sleep Technologist discretion for target AHI <5 events/hour and 50% reduction from baseline. Auto CPAP may be switched to standard CPAP based on Auto Trial 90% pressure and treatment)

☐ **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:

Please Note: Some services listed are not covered by Alberta Healthcare.
We will contact the patient to book the appointment

CONSULTATIONS* (LETTER REQUIRED)

Allergy (Red Deer, Calgary & Edmonton)
(Additional fees may apply to Allergy Appointments. Please contact our office for a fee estimate on these services)
☐ Adult ☐ Pediatric

Internal Medicine (Calgary & Edmonton)
☐ General ☐ Cardiology (Edmonton)

Neurology (Calgary & Edmonton)
☐ Adult ☐ Pediatric (Edmonton)

Respirology (Calgary & Edmonton)
(A recent PFT is required by the Respirologist. If no recent PFT (*within 6 months*) then this will be scheduled for the patient)
☐ Adult ☐ Pediatric (Calgary)

☐ **Physical Medicine and Rehabilitation** Physiatry (Calgary)

☐ **Psychiatry** (Virtual)

CPSA

As per CPSA, please include the following in your referral 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 Medical Group
Red Deer
Riverlands Professional Building
200, 5440 - 45th Street, Red Deer AB T4N 1L1
Toll Free Ph: 1-833-738-7325
Fax: 1-855-738-7325

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**

THANK YOU