# PEAK MEDICAL GROUP

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

## CALGARY AND SURROUNDING AREA

# REFERRAL FORM

Phone: 1-833-738-PEAK (7325)
Fax: 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 techniques)

☐ **Spirometry Testing**

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

☐ **Arterial Blood Gases**

## 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)

☐ **Pediatric Sleep Testing, Assessment and Treatment**
(Patients under 16 will be seen by a Pediatric Respirologist prior to testing. Testing only for patients 16 and older, post pubescent)

☐ **Sleep Apnea Testing Only**

**Reason for Sleep Referral:** _____

## BLOOD PRESSURE MONITORING

☐ **24 Hour Ambulatory Blood Pressure Monitoring**

## HOME OXYGEN ASSESSMENT

☐ **Home Oxygen Assessment**
(Requires PFT and/or ABG)

- **Oxygen Therapy** (Required to start therapy post assessment)
To Maintain SpO2 > 89% **OR** _____ LPM _____ hours/day

## 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)

**Respirology**
(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**

**Allergy**
(Additional fees may apply to Allergy appointments. Please contact our office for a fee estimate on these services)
☐ **Adult** ☐ **Pediatric**

**Psychiatry**
☐ **Adult** ☐ **Pediatric**

☐ **Internal Medicine**

☐ **Neurology**

☐ **Osteoporosis Clinic** (Certified Clinical Densitometrist)

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

☐ **Pediatrics** (Pediatrician)

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

☐ 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** or download additional copies at **www.peakmedicalgroup.ca**

**THANK YOU**

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## 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.

## LOCATIONS

1 **Peak Medical - Hamptons**
500, 1000 Hamptons Drive, NW Calgary, Alberta T3A 6A7
*(Located next to the Hamptons Co-op)*

2 **Peak Sleep - Crowfoot**
3, 400 Crowfoot Crescent, NW Calgary, Alberta T3G 5H7

3 **Peak Medical - Crowfoot**
31 Crowfoot Way, NW Calgary, Alberta T3G 2L4
*(Located next to the Crowfoot Co-op)*

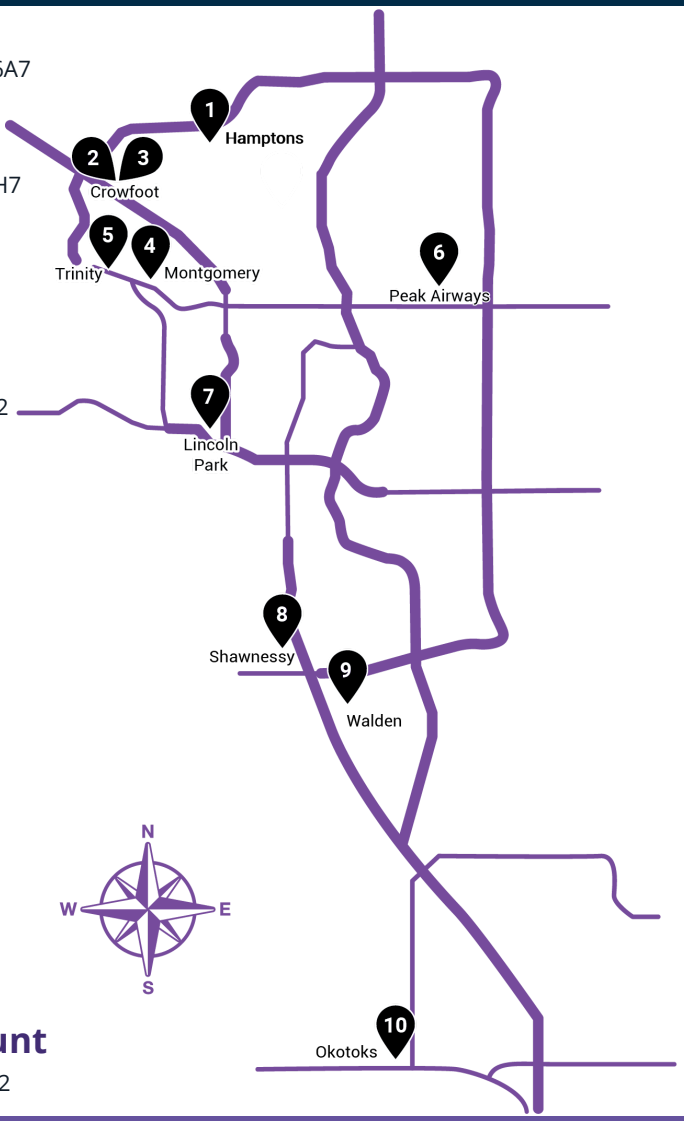
4 **Peak Medical - Montgomery**
125, 4611 Bowness Road NW Calgary, Alberta T3B 0B2

5 **Peak Medical - Trinity**
909, Na'a Drive NW Calgary, Alberta T3H 4E7

6 **Peak Medical - Airways**
7, 2020 35 Ave NE Calgary, Alberta T2E 6W4

7 **Peak Medical - Lincoln Park**
103, 49 Richard Way SW Calgary, Alberta T3E 7M8

8 **Peak Medical - Shawnessy**
100, 250 Shawville Blvd SE Calgary, Alberta T2Y 2Z7
*(Located **inside** to the Shawnessy Co-op)*

9 **Peak Medical - Walden**
3101, 19606 Walden Blvd SE Calgary, Alberta T2X 4C3

10 **Peak Medical - Okotoks Westmount**
1031, 200 Southridge Drive, Okotoks, Alberta T1S 0B2