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)

PLEASE NOTE: *Services apply to adult patients unless a pediatric option is specifically indicated*

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**

- ☐ **Infectious Disease**
  (***Cannot** accept acute infections requiring urgent assessment or IV therapy referrals)
- ☐ **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)

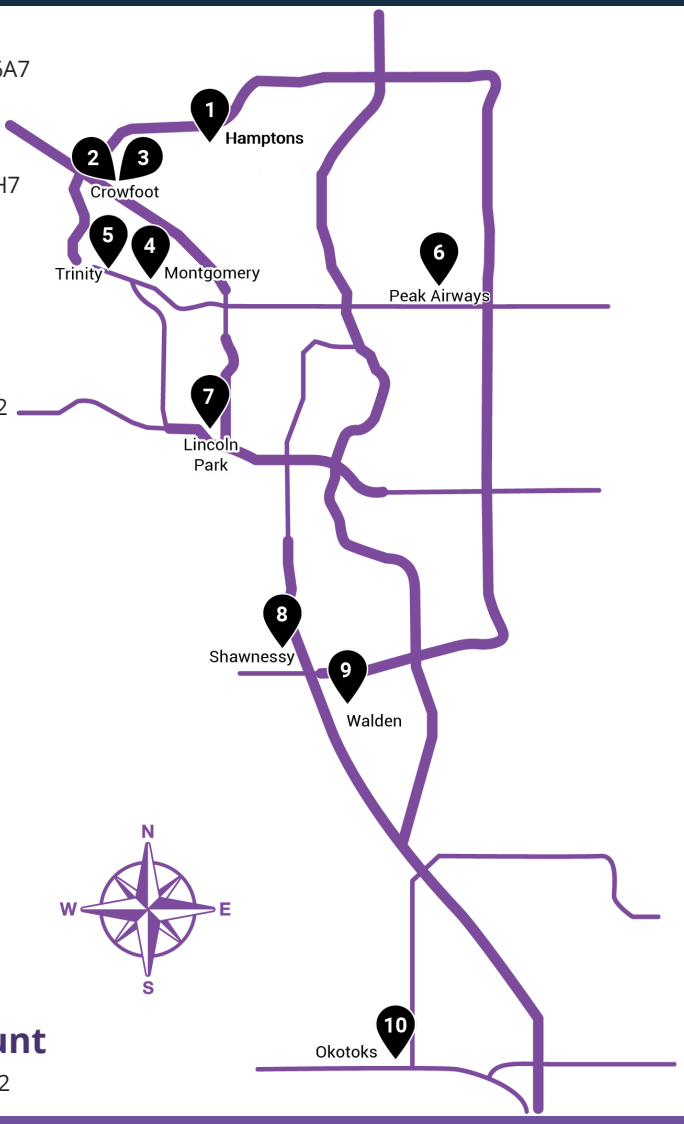
4 **Peak Medical - Montgomery**
125, 4611 Bowness Road NW Calgary, Alberta T3B 0B2

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