



Patient Information

Label Here

**Referring Physician**

Date: \_\_\_\_\_  
 Referring Clinic: \_\_\_\_\_  
 Physician name: \_\_\_\_\_  
 Physician address: \_\_\_\_\_  
 Physician fax: \_\_\_\_\_  
 Physician phone: \_\_\_\_\_ Prac ID: \_\_\_\_\_  
 Physician signature: \_\_\_\_\_  
*Considered a valid prescription when signed by a physician*  
 Copies to: \_\_\_\_\_  
 Is this an Urgent Request?      Patient Aware of Referral?  
 Yes    No                       Yes    No

**Sherwood Park/  
Fort Saskatchewan**  
 80 Sioux Road  
 Sherwood Park, Alberta  
 T8A 3X5  
 T 780.449.1434  
 F 780.449.1435

**Edmonton North**  
 9312 137 Avenue  
 Edmonton, Alberta  
 T5E 6C2  
 T 780.475.0720  
 F 780.475.0732

**Edmonton South**  
 9136 23 Avenue  
 Edmonton, Alberta  
 T6N 1H9  
 T 780.784.2177  
 F 780.784.2182

**Spruce Grove**  
 #22, 201 McLeod Avenue  
 Spruce Grove, Alberta  
 T7X 2K6  
 T 780.960.5461  
 F 780.960.5471

**Camrose**  
 Duggan Mall  
 #31 6601 48 Avenue  
 Camrose, Alberta  
 T4V 3G8  
 T 780.673.1150  
 F 780.666.9722

**Red Deer**  
 #135, 4309 52 Avenue  
 Red Deer, Alberta  
 T4N 6S4  
 T 403.342.0494  
 F 403.343.0304

**Sleep Therapy**

**Clinical History:**  
 Snoring                       Witnessed Apnea  
 Hypertension               Diabetes  
 Asthma/COPD               Gasping  
 Reason for Referral \_\_\_\_\_

Neck Circumference \_\_\_\_\_ (cm)

**Sleep Study:**  
 Level III Sleep Study *(no fee)*  
*If positive for sleep apnea per physician interpretation, initiate auto CPAP trial*  
 Level I Sleep Study (Polysomnography) *(fee applicable)*  
 Auto CPAP Therapy  
    \_\_\_\_\_ cm H<sub>2</sub>O    to    \_\_\_\_\_ cm H<sub>2</sub>O  
 CPAP Therapy    \_\_\_\_\_ cm H<sub>2</sub>O  
 BiPAP Therapy  
 Mode: AVAPS \_\_\_\_\_ ST \_\_\_\_\_ Auto SV \_\_\_\_\_  
 IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ RR \_\_\_\_\_ Ti \_\_\_\_\_

**Otolaryngology (ENT)**

*- Only available in Red Deer -*  
 Otolaryngology Consultation  
**Indications:**  
 Otitis Media                       Oral Cavity Lesion  
 Hearing Loss                       Hoarseness  
 Vertigo                               Dysphagia  
 Sleep Apnea                       Neck Mass  
 Epistaxis                           Tonsillitis  
 Rhinosinusitis/Nasal Obstruction  
 Other (please specify)

**Clinical Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Respiratory**

Adult Pulmonary Consult  
 Adult Internal Medicine Consult  
 Pediatric Pulmonary Consult  
**Pulmonary Function Testing:**  
 Full Pulmonary Function  
 Pre-post Spirometry  
**Respiratory Assessment:**  
 Assessment for Home Oxygen  
 Nocturnal Oximetry *(fee applicable)*  
 Exertional Oximetry  
 Arterial Blood Gas  
**Home Oxygen Therapy:**  
 Keep SpO<sub>2</sub> >89% or > \_\_\_\_\_ %  
 \_\_\_\_\_ Lpm x \_\_\_\_\_ Hr/day  
 Home Oxygen Assessment- AADL Protocol  
**Home Respiratory Equipment:**  
 High Flow Humidity  
 Suction Setup  
 Nebulizer Setup

**Allergy**

Allergy Consult - Dr. Kumar Ramlall\*  
 Allergy Testing (\$40)\*

**Adult Cardiology**

Holter Monitoring                       Echocardiogram\*  
 ECG (Electrocardiogram)               Exercise Stress Test\*  
 24 Hour Blood Pressure               Cardiology Consult\*  
 Monitor  
*\* Only available at Edmonton South location; provided in conjunction with Edmonton Cardiology Consultants.*



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