

REFERRAL FORM

Sleep/Diagnostics/Referral Assistance – Fax: 1-877-221-9327
Oxygen Therapy – Fax: 1-587-462-5010



Patient Information/Label:

Last Name: _____
First Name: _____
DOB: YY / MM / DD Sex: M F O
Home Address: _____
City: _____ Prov: _____ Postal Code: _____
Health Card Number: _____
Preferred Contact Number: _____
Alternate Contact Number: _____
Date Referral Sent: _____

URGENT

Clinic Information/Label:

Clinic Name: _____
Referring Physician: _____
PRACID: _____
When contacting this clinic please call:
Contact Name: _____
Contact Number: _____
Primary Care Physician if different than above:
Dr. Name: _____
Fax: _____ Phone: _____
Dr. Signature: _____

Considered a valid prescription when signed by a physician.

SLEEP SERVICES

- Home Sleep Study (HSAT - Level 3)
- CPAP Titration/Therapy: _____ cmH2O
- Overnight Oximetry
- Oral Appliance Therapy
- Other _____

OXYGEN THERAPY – CALGARY & RED DEER ONLY

- Home Oxygen Assessment
(ABG, PFT, Oximetry as per AADL guidelines
– Initiate oxygen therapy to maintain SpO₂>89%
if AADL funding guidelines are met)
- Assess to challenge AADL Walk Test for oxygen funding

REFERRAL ASSISTANCE

- Sleep Specialist – HSAT may be included
- Respiriologist – PFT may be included if required

Reason for Referral (Mandatory): _____

DIAGNOSTICS – CALGARY & LLOYDMINSTER ONLY

- Room Air Arterial Blood Gas (ABG)
Start Home Oxygen if PaO₂ < 60; Spirometry will be included
- Complete Pulmonary Function Test
- Spirometry

Medical Hx/Notes:

- _____
- Snoring Hypertension Diabetes Smoking History Cardiovascular Disease Asthma/COPD
 Other/Sleep Related Concern _____

For current locations and clinic contact information, visit aveirosleep.com/locations.

Bonnyville · Calgary (Parkdale, Southport, Abbeydale)
Cold Lake · Drayton Valley · Drumheller · Edson
Fort McMurray · Hinton · Lloydminster · Olds
Red Deer · Rocky Mountain House
Slave Lake · Wainwright · Whitecourt
v. 23-06-27-AS FA Referral Form

Aveiro Sleep Sleep/Diagnostics/Referral Assistance
FreshAir Respiratory Care Oxygen Therapy

To reach us by phone:

1-855-852-2989
1-587-462-5009

PFT REFERRAL GUIDELINES FOR PHYSICIANS

Definitions:

Full PFT: Pre & Post Bronchodilator Spirometry/Diffusion Capacity/Lung Volumes
Spirometry: Pre & Post Bronchodilator Spirometry

Conditions where suboptimal lung function results or test performance are likely:

1. Chest or abdominal pain
2. Oral or facial pain by mouthpiece
3. Stress incontinence
4. Dementia or confused state
5. Inability to follow instructions (e.g. <6 years, Mental Health Condition)

Other contraindications and waiting period before testing include:

1. Recent eye surgery 1 week to 6 months (depending on type of surgery)
2. Recent brain surgery or injury (4 weeks)
3. Pneumothorax (6 weeks)
4. Hemoptysis of unknown origin or related to transmissible respiratory infection
5. Current Pneumothorax
6. Unstable cardiovascular status / Acute MI / Non-Compensated Heart Failure - (1 week)
7. Thoracic, abdominal, or cerebral aneurysms
8. Active or suspected transmissible respiratory infections
9. Sinus or middle ear surgery within - (1 week)
10. Abdominal or Thoracic surgery (4 weeks)
11. Late term Pregnancy

PFT REFERRAL GUIDELINES AND PRE-TEST INSTRUCTIONS FOR PATIENTS

Do not take (if possible) the following medications prior to your appointment:

Inhaled bronchodilators:

- Short-acting for 4 hours (e.g. albuterol, salbutamol, ventolin, bricanyl)
- Long-acting for 24 hours (e.g. formoterol, salmeterol, Oxeze, Serevent, Symbicort, Advair)
- Ultra long-acting agents for 36 hours (e.g. Onbrez, Breo, Inspolto, Anoro)
- Long-acting Muscarinic Antagonists 36-48 (e.g. Spiriva, Incruse, Tudorza, Seebri, Anora, Inspolto, Ultibro, Duaklir)

Anticholinergics:

- Short-acting for 12 hours (e.g. Atrovent)
- Long-acting for 36-48 hours (e.g. Tiotropium)

Take as Usual

Take Theophylline preparations and oral steroids as usual

You should not have a Pulmonary Function Test if you have had:

- A) Pneumothorax (Lung Collapse) in the last 6 weeks
- B) Eye Surgery (including Laser Surgery) in the last 1 week to 6 months (depending on type of eye surgery)
- C) Surgery of the chest, next or abdomen in the last 4 weeks
- D) Unstable cardiovascular condition within 1 week
- E) Any type of aneurysm

****Refrain from smoking for 3 hours prior to testing****

****Refrain from taking anything containing caffeine 3 hours prior to testing****