



Addressograph

# HOME RESPIRATORY REFERRAL

FAX TO 1 866-274-4183 or PHONE 1 800-252-9384

## Patient information

Last Name:		First Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:					
City:		Prov:		Postal Code:	
Phone:		PHN#		DOB: MM/DD/YYYY	
Contact Name:			Contact Phone:		
Diagnosis:					

## Referral Source Information

Last name:	First name:	Tel:	Title:
Facility or Address:		Fax:	

## Home Oxygen Assessment & Setup

- Oximetry as per AADL guidelines (this may include oximetry at rest, exertion and/or nocturnal on room air)
- Oximetry as per AADL guidelines and initiate O2 therapy to maintain SpO2 > 89% | +/-ABG, PFT, HSAT, Exercise Oximetry as required by AADL
- Arrange room air Arterial Blood Gas (ABG) to confirm funding eligibility
- Arrange Pulmonary Function Test (PFT)

## Sleep Apnea Testing and Treatment

<input type="checkbox"/> Level 3 Sleep Study & APAP treatment and/or referral to sleep specialist if indicated in the interpretation <input type="checkbox"/> CPAP/APAP Therapy <input type="checkbox"/> Other	<b>Comorbidities:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> StopBang at the back
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## Diagnostics (Provided by our partners in Calgary area only)

<input type="checkbox"/> Echocardiogram (echo)	<input type="checkbox"/> Holter Monitor	<input type="checkbox"/> Pulmonary Function Testing (PFT)
<input type="checkbox"/> Electrocardiogram (ekg)	<input type="checkbox"/> Exercise Stress Test	<input type="checkbox"/> Spirometry (PRE/POST Bronchodilator)
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Respirologist	<input type="checkbox"/> Specialist Consult (please attach referral letter):

## Special Instructions

Physician Name: \_\_\_\_\_  
 Practitioner ID #: (required) \_\_\_\_\_  
 Physician Signature: (required) \_\_\_\_\_  
 Date: MM/DD/YYYY \_\_\_\_\_

Clinic Stamp

VitalAire is now Sleep Medicine Diagnostic Accredited by the CPSA

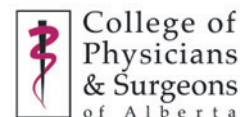


## STOP-BANG QUESTIONNAIRE

3 Yes or more indicates a risk of OSA

- YES  NO **S**noring? Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
- YES  NO **T**ired? Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?
- YES  NO **O**bserved? Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep ?
- YES  NO **P**ressure? Do you have or are being treated for High Blood Pressure ?
- YES  NO **B**ody Mass Index more than 35 kg/m<sup>2</sup>? What is your height:
- YES  NO **A**ge older than 50?
- YES  NO **N**eck size large? (Measured around Adams apple) For male, is your shirt collar 17 inches/ 43cm or larger? For female, is your shirt collar 16 inches/ 41cm or larger?
- YES  NO **G**ender= Male?

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## OFFICE LOCATIONS

### CALGARY

**Avenida Place**  
#222 - 12100 Macleod Trail SE  
Calgary, AB

### Foothills Professional Building

#248 - 1620 29th Street NW  
Calgary, AB

### NW Medical Clinic

#220 - 9 Royal Vista Dr. NW  
Calgary, AB  
T3R 0N2

### EDMONTON

**Meadowlark Place Professional Building**  
#305 - 8708-155 Street  
Edmonton, AB

### LETHBRIDGE

#508 - 6 Street South,  
Lethbridge, AB

### LLOYDMINSTER

#106 - 5001 18th Street  
Lloydminster, AB

### MEDICINE HAT

#103 - 266 4th Street SW  
Medicine Hat, AB

### RED DEER

#102 - 3947 50A Ave.  
Red Deer, AB

### ST. PAUL

#102 - 4801-39 Street  
St. Paul, AB

### WETASKIWIN

#5217-B - 50th Street  
Wetaskiwin, AB

Over 45 years of experience and 100 sleep clinics across Canada to serve you.

Find out more at [www.vitalaire.ca](http://www.vitalaire.ca)

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