



Addressograph

HOME RESPIRATORY REFERRAL

FAX TO 1 866-274-4183 or PHONE 1 833-904-AIRE (2473)

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

<input type="checkbox"/> Rx: Home O2 Therapy as per Therapist Driven Protocol and/or keep SpO2 > ____% and < ____% <input type="checkbox"/> Testing: ABG, PFT, HSAT and/or Exercise Oximetry as required by AADL for government funding <input type="checkbox"/> Routine Diagnostic tests as per physicians request <input type="checkbox"/> ABG <input type="checkbox"/> PFT <input type="checkbox"/> HSAT <input type="checkbox"/> OPEP Therapy <input type="checkbox"/> Humidified High Flow Therapy For more details on AADL funding visit: https://open.alberta.ca/publications/aadl-program-manual-r	SpO2 Assesment: Room Air Spo2: ____% Exertional SpO2 ____% Palliative O2: Please Specify in special instructions. Include Dx of terminal disease.
---	--

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"/> Excite OSA Therapy	Comorbidities: <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> StopBang at the back
---	---

Special Instructions

Physician Name: _____

Practitioner ID #: (required) _____

Physician Signature: (required) _____

Date: MM/DD/YYYY _____

Clinic Stamp



VitalAire is Sleep Medicine Diagnostic Accredited by the CPSCA

FAX TO 1 866-274-4183 or PHONE 1 833-904-AIRE (2473)

STOP-BANG QUESTIONNAIRE

Two Yes or more, indicates a risk of OSA.

YES NO

- Do you **S**nore loudly?
- Do you often feel **T**ired/fatigued, or sleepy during the day?
- Has anyone **O**bserved you stop breathing during sleep?
- Do you have or are you being treated for high blood **P**ressure?
- Is your **B**ody Mass Index (BMI) more than 35kg/m2?
- Are you over 50 years of **A**ge?
- Is your **N**eck circumference bigger than 16 inches (woman) or 17 inches (man)?
- G**ender male?

COPD PRE-SCREENING QUIZ QUESTIONS

Two Yes or more, indicates a need for further testing.

YES NO

- Do you cough regularly?
- Do you cough up phlegm regularly?
- Do even simple chores make you short of breath?
- Do you wheeze when you exert yourself (exercise, go up stairs?)
- Are you a smoker, ex-smoker or exposed to second-hand smoke?
- Are you older than 40 years old?
- Have you ever had a Respiratory related hospitalization?

OFFICE LOCATIONS

CALGARY

Avenida Place

#222 - 12100 Macleod Trail SE
Calgary, AB

Foothills Professional Building

#248 - 1620 29th Street NW
Calgary, AB

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

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