VitalAire
Home Healthcare

Addressograph

HOME RESPIRATORY REFERRAL

Fax to 1-866-489-0202 or Phone 1-833-904-2473 • www.vitalaire.ca

Patient information

Last Name: First Name: ○ Male ○ Female

Address:

City: Postal Code: DOB: MM/DD/YY

Home Phone: Work Phone: Health Insurance #:

Alternate Contact Name: Contact Phone:

Diagnosis:

Sleep Apnea Assessment (optional)

Refer for assessment if 3 or more boxes are checked

SYMPTOMS / COMORBIDITIES

- ☐ Loud disruptive snoring
- ☐ Witnessed Apneas
- ☐ Excessive daytime sleepiness
- ☐ Wake up unrefreshed / excessive daytime fatigue
- ☐ Large neck size (>17" in men OR >16" in women)
- ☐ BMI > 30

PAST MEDICAL HISTORY

- ☐ Hypertension
- ☐ Diabetes
- ☐ Metabolic Syndrome
- ☐ Arrhythmias, CAD, Hx CVA
- ☐ Coronary Artery Disease
- ☐ Cardivascular Disease
- ☐ COPD
- ☐ Anxiety/Depression

Sleep Apnea Diagnostics and Treatment

REFERRAL:

Please check **one** of the following:

- ☐ Level 3 Sleep Study and AutoPAP Trial/Treatment
- ☐ CPAP/APAP Therapy ☐ Bi level ☐ A Servo-Ventilation
- ☐ Consultation with Dr. Gosia Phillips, Sleep Medical Specialist

COPD Screener:

Refer for assessment if 1 or more boxes are checked

	YES	NO
1. Do you cough up phlegm regularly?	○	○
2. Do even simple chores make you short of breath?	○	○
3. Do you wheeze when you exert yourself (exercise, go up stairs?)	○	○
4. Are you a smoker or ex-smoker?	○	○
5. Are you older than 40 years old?	○	○
6. Have you ever had a respiratory related hospital admission?	○	○

Diagnosis:

Home Oxygen Referral:

- ☐ Oxygen Assessment
- ☐ Overnight Oximetry
- ☐ Humidified High Flow Therapy
- ☐ OPEP Therapy

Home Oxygen Rx

Special Instructions

Clinic Stamp

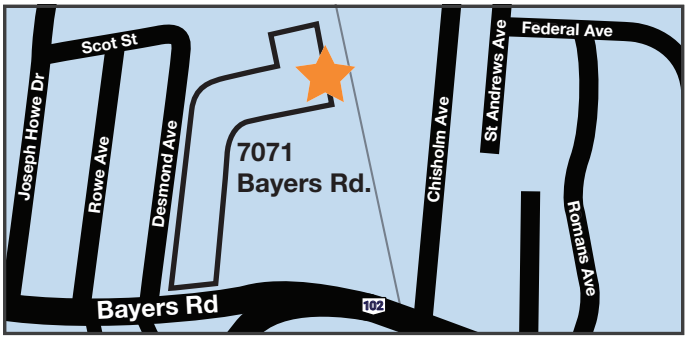
☐ I have obtained written consent from the patient agreeing to the collection, use and disclosure of his/her information to VitalAire Canada Inc.

Physician/Professional Name: _____ Date: MM / DD / YYYY

Signature: _____ Phone: _____ Fax: _____

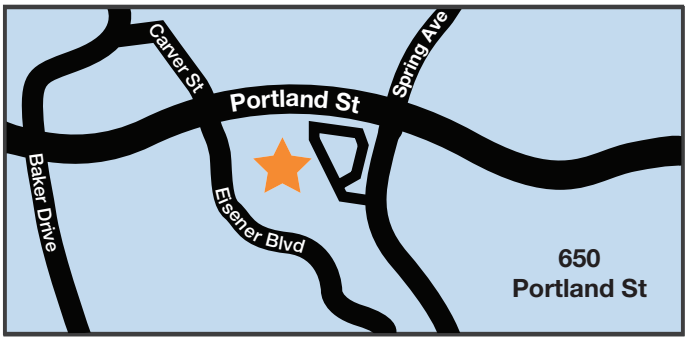
Our referral form can be found on all Nova Scotia EMR platforms

LOCATIONS

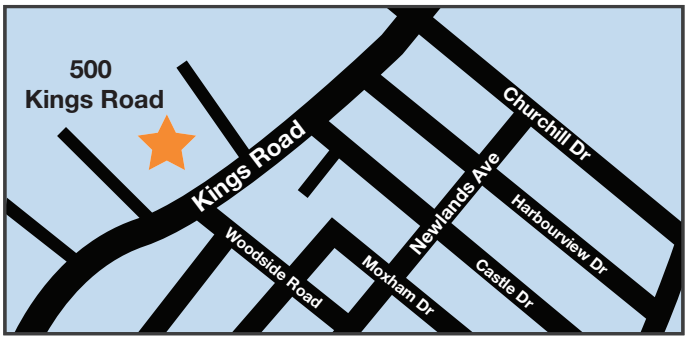


HALIFAX: 7071 Bayers Rd., Suite 140
Halifax, NS B3L 2C2
Phone: (902) 450-5162

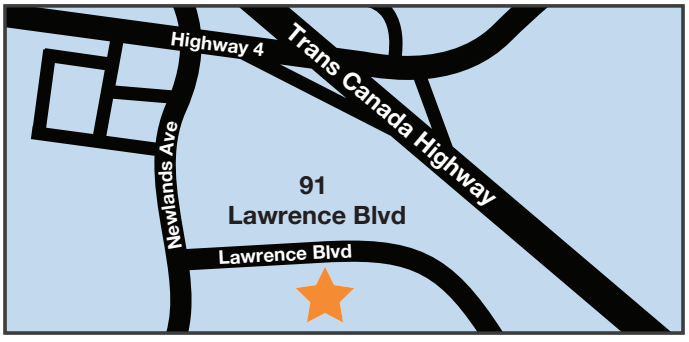
ANTIGONISH: 133 Church St
Antigonish, NS B2G 2E4
Phone: (902) 867 0413



DARTMOUTH: 650 Portland Street, Unit 115A
Dartmouth, NS B2W 6A3
Phone: (902) 450-5162



SYDNEY: 500 Kings Road Unit 104
Sydney, NS B1S 1B1
Phone: (902) 539-3660



STELLARTON: 91 Lawrence Blvd. Unit 1D
Stellarton, NS B0K 1S0
Phone: (902) 752-4117