



Addressograph

### HOME RESPIRATORY REFERRAL

Calgary: 403-800-3016 Edmonton: 780-800-5521  
FAX TO 1 866-274-4183 or PHONE 1 833-904-AIRE (2473)

#### Patient information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  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

- Rx: Home O2 Therapy as per Therapist Driven Protocol and/or keep SpO2 > \_\_\_\_\_% and < \_\_\_\_\_%
  - Testing: ABG, PFT, HSAT and/or Exercise Oximetry as required by funding bodies.
  - Routine Diagnostic tests as per physicians request
    - ABG  PFT  HSAT
  - OPEP Therapy
  - 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.

#### BiPAP Treatment

BiPAP Therapy

#### Comorbidities:

- Hypertension
- Diabetes
- Metabolic Syndrome
- StopBang at the back

#### Special Instructions

Special Instructions area (empty box)

Physician Name: \_\_\_\_\_

Practitioner ID #: (required) \_\_\_\_\_

Physician Signature: (required) \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

Clinic Stamp

Clinic Stamp area (empty box)



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## **COPD PRE-SCREENING QUIZ QUESTIONS**

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

**YES    NO**

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

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## **OFFICE LOCATIONS**

**CALGARY**  
272 2880-45th Ave S.E  
Calgary, AB

**EDMONTON**  
14570 121A Ave NW  
Edmonton, AB

**LETHBRIDGE**  
#508 - 6 Street South,  
Lethbridge, AB

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

**Over 45 years of experience to serve you.**  
Find out more at [www.vitalaire.ca](http://www.vitalaire.ca)