

# PEAK MEDICAL GROUP

Toll-Free Ph: 1-833-738-PEAK(7325) | Fax: 1-855-738-7325  
WWW.PEAKMEDICALGROUP.CA



PEAK MEDICAL  
SPECIALTY CENTRES



PEAK PULMONARY  
FUNCTION LABORATORIES



PEAK SLEEP CLINIC



PEAK OXYGEN



PEAK RESEARCH  
GROUP

## REFERRAL FORM

### PATIENT DEMOGRAPHICS (PLEASE PRINT OR AFFIX LABEL)

Name:	Address:
Date of Birth:	Provincial Healthcare Number:
Contact Phone Numbers (Home/Work/Cell):	

### TESTS AND SERVICES REQUESTED

- Arterial Blood Gases
- Full Pulmonary Function Testing (*Spirometry with Pre and Post Bronchodilator, Diffusion, Lung Volumes*)
- Repeat Annual Testing?     Yes     No
- Home Oxygen Assessment (*Requires PFT and/or ABG*)
- Inhaler Technique Consult with Certified Respiratory Educator
- Methacholine Challenge Testing (*Requires Respiriology Consult with Consultation Letter*)
- Pediatric Sleep Testing, Assessment and Treatment (*Patient will be seen by Pediatric Respiriologist prior to testing. Testing only for patients 13 and older*)
- Sleep Apnea Testing and Treatment (*Level 3 Sleep Study, Assessment, Auto CPAP Trial and Treatment*)
- Smoking Cessation Consult with Certified Respiratory Educator
- Spirometry
- Spirometry and Diffusion Capacity (*DLCO*)
- Xolair Injection (*Requires Respiriology or Allergy Consult with Consultation Letter*)

### HOME OXYGEN ASSESSMENT

- Oxygen Therapy (*Required to start therapy post assessment*)
  - Maintain SpO<sub>2</sub> > 89%
  - \_\_\_ LPM \_\_\_ hours/day
- Maintain Ongoing AADL Funding (*May require Level III Sleep Study, PFT, ABG, 6-Minute Walk Test, Respiriology Consult*)

### PHYSICIAN COMMENTS, CURRENT MEDICATIONS, AND SMOKING HISTORY

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Current Smoker     Ex-smoker     Non-smoker

### CONSULTATIONS (LETTER REQUIRED)

- |   |  |
|---|--|
| <b>Adult:</b>   | <b>Pediatric:</b>  |
| <input type="checkbox"/> Acupuncture Consultation   | <input type="checkbox"/> Pediatric Allergist Consultation      |
| <input type="checkbox"/> Allergist Consultation   | <input type="checkbox"/> Pediatric Dermatology Consultation    |
| <input type="checkbox"/> Dermatology Consultation   | <input type="checkbox"/> Pediatric Respiriologist Consultation |
| <input type="checkbox"/> Geriatric Medicine Consultation  | <input type="checkbox"/> Pediatric Sleep Consultation          |
| <input type="checkbox"/> Gynaecology Consultation   |  |
| <input type="checkbox"/> Internal Medicine Consultation   |  |
| <input type="checkbox"/> Neurology Consultation   |  |
| <input type="checkbox"/> Orthopedics & Sports Medicine Consultation                             |  |
| <input type="checkbox"/> Physical Medicine and Rehabilitation ( <i>Physiatry</i> ) Consultation |  |
| <input type="checkbox"/> Podiatry Consultation  |  |
| <input type="checkbox"/> Psychiatry Consultation  |  |
| <input type="checkbox"/> Respiriology Consultation  |  |
| <input type="checkbox"/> Rheumatology Consultation  |  |
| <input type="checkbox"/> Sleep Medicine Consultation  |  |

### CLINIC AND REFERRING PHYSICIAN (PLEASE PRINT OR STAMP)

Clinic Name: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Clinic Fax: \_\_\_\_\_

Referring Doctor (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Continuum of Care for this patient only  
Please check our web page for details.

*Please note there is no cost to the patient for any of the services listed.  
We will contact the patient to book the appointment.  
Please see reverse side for additional information.*

# Peak Medical now accepting referrals for: → Orthopedics → Dermatology

- If patient is unable to keep their appointment, they should call our office at 1-833-738-PEAK(7325) as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48hours' notice for cancellations.
- When requesting a consultation, please provide referral letter and pertinent patient medical history.
- Methacholine challenge testing warrants clinical correlation with a referral to a respirologist/allergist as there may be other factors pertaining to the diagnosis of obstructive lung disease.
- All respiratory testing includes oximetry, education for the patient, and Respirologist interpretation and recommendations.

If your office/clinic requires more Requisition Pads and/or Patient Information Sheets, please call our office at 1-833-738-PEAK(7325), email us at [info@peakmedicalgroup.ca](mailto:info@peakmedicalgroup.ca), or download additional copies at [www.peakmedicalgroup.ca](http://www.peakmedicalgroup.ca)

## LOCATIONS

- 1 Peak Hamptons Co-op**  
#500, 1000 Hamptons Drive NW, T3A 6A7
- 2 Peak Sleep Crowfoot**  
#3, 400 Crowfoot Crescent NW, T3G 5H7  
**Peak Medical Crowfoot Co-op**  
31 Crowfoot Way NW, T3G 2L4
- 3 Peak Brentwood Co-op**  
4114 Brentwood Road NW, T2L 1K8
- 4 Peak Montgomery**  
#125, 4611 Bowness Road NW, T3B 0B2
- 5 Peak Foothills**  
#170, 1620 29th Street NW, Calgary, T2N 4L7
- 6 Peak Village Square Co-op**  
2520 52nd Street NE, T1Y 3R5
- 7 Peak Lincoln Park**  
#103, 49 Richard Way SW, T3E 7M8
- 8 Peak Shawnessy Co-op**  
#103, 250 Shawville Boulevard SE, T2Y 2Z7
- 9 Peak Walden**  
#3101 19605 Walden Blvd SE, T2X 4C3
- 10 Peak Okotoks**  
#1031 200 Southridge Drive, T1S 0B2
- 11 Peak Strathmore Co-op**  
120 Edgefield Place, T1P 0E8

