

PEAK MEDICAL GROUP

Ph: 587-786-3352 | Toll-Free: 1-833-738-PEAK (7325)
Fax: 587-786-3311 | Toll-Free: 1-855-738-PEAK (7325)
www.peakmedicalgroup.ca
info@peakmedicalgroup.ca

EDMONTON REFERRAL FORM



PATIENT DEMOGRAPHICS (PLEASE PRINT OR AFFIX LABEL)

Last Name: _____ First Name: _____ PHN: _____
Date of Birth: _____ Sex: M F Identify as: _____ Phone Number: _____
Address _____

PULMONARY FUNCTION TESTING AND SERVICES

- Full Pulmonary Function Testing (*Spirometry Testing with Pre and Post Bronchodilator, Diffusion, Lung Volumes. Includes inhaler technique*)
- Spirometry Testing
- Spirometry Testing and Diffusion Capacity Testing (*DLCO*)
- Methacholine Challenge Test
- Arterial Blood Gases
- Smoking Cessation Consult with Certified Respiratory Educator

HOME SLEEP APNEA TESTING AND SERVICES

- Sleep Apnea Testing and Treatment (*Level 3 Sleep Study, Assessment, CPAP Trial and Treatment, 16 and older, post pubescent*)
 - Sleep Apnea Testing Only
- Reason for Sleep Referral: _____

REASON FOR REFERRAL, PHYSICIAN COMMENTS, AND CURRENT MEDICATIONS,

- Current Smoker Ex-smoker Non-smoker

CLINIC AND REFERRING PHYSICIAN (PLEASE PRINT OR STAMP)

Clinic Name: _____
Clinic Phone: _____
Clinic Fax: _____
Referring Doctor (please print): _____
Signature: _____

Please note some services listed are not covered by Alberta Healthcare.
We will contact the patient to book the appointment.

CONSULTATIONS (LETTER REQUIRED)[†]

- Allergy* (*Adult and Pediatric*)
- Internal Medicine (*Adult*)
- Neurology (*Pediatric*)
Phone: 780-306-9209 | Fax: 780-306-9210
- Respiriology (*Adult*)

* Additional fees may apply to Allergy Specialty Appointments; contact our office for a fee estimate on these services.

† As per CPSA, please include the following in your consult letter:

- Purpose of the referral, including but not limited to specifying if the referral is solely for the purpose of a third-party request;
- Pertinent clinical information, including but not limited to the relevant investigation results; and
- Expected consultation outcomes (ex. medical opinion only, possible transfer of care, other)

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 48 hours' notice for cancellations.

All respiratory testing includes oximetry, education for the patient, and Respirologist interpretation and recommendations.

LOCATION

Peak Allendale: 208, 10430 – 61 Avenue NW, Edmonton, AB, T6H 2J3
Main Phone: 587-786-3352 | Main Fax: 587-786-3311

Pediatric Neurology Direct Phone: 780-306-9209
Pediatric Neurology Direct Fax: 780-306-9210

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 or download additional copies at www.peakmedicalgroup.ca