Alberta Health Services

Respiratory Referral

Refer to the Alberta Referral Directory (search 'Respiratory Therapy - outpatients/community') for contact/ referral information in the service area. Availability of diagnostics and therapies may vary by site.

Patient Demographics

Last Name		First Name		
Birthdate *(dd-Mon-yyyy)*	PHN	Gender	City/Town	Phone

Diagnosis / Reason for Referral

Physician's Orders *(check all orders requested)*

Respiratory Diagnostics/Therapy

- ☐ Arterial Blood Gas
  - ☐ Room Air
  - ☐ _____ LPM
- ☐ Spirometry Pre/Post - testing is completed pre & post Salbutamol 100 mcg - 4 puffs
- ☐ 6 Minute Walk Test *(Exertional Desaturation Screening)*
- ☐ Full Pulmonary Function Testing ***(Wetaskiwin only)*** - testing is completed pre & post Salbutamol 100 mcg - 4 puffs

Home Oxygen Testing as per AADL or NIHB Guidelines

- ☐ Arterial Blood Gas
- ☐ AADL Exertional Walk Test - only if the patient is clinically stable for 60 days or more and BMI is less than 37 *(outpatient procedure)*

  BMI _____
- ☐ Palliative Home Oxygen *(A diagnosis of end-stage chronic lung disease e.g. COPD or pulmonary fibrosis or cardiac disease is not an acceptable diagnosis for AADL palliative home oxygen funding)*

  Palliative Diagnosis _____ mMRC _____
- ☐ **Home Oxygen Prescription** Maintain SpO2 _____ or _____ LPM 24 hours/day

Respiratory Education

- ☐ Asthma Education
- ☐ Brief Tobacco Cessation Intervention
- ☐ COPD Education
- ☐ Other *(specify)* _____

For Pulmonary Rehabilitation refer to the Alberta Referral Directory (search "Breathe Easy Program – Pulmonary Rehabilitation")

Other Orders

- ☐ _____
- ☐ _____
- ☐ _____

Physician Name (print)	Practice ID	Physician Signature	Date *(dd-Mon-yyyy)*