



# ADVANCED RESPIRATORY CARE NETWORK

Patient Information

Label Here

Respiratory | Cardiology

# Referral

## Referring Physician

Date: \_\_\_\_\_

Referring Clinic: \_\_\_\_\_

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

Physician Address: \_\_\_\_\_

Physician Fax: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Prac ID: \_\_\_\_\_

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

*Considered a valid prescription when signed by a physician*

Copies to: \_\_\_\_\_

Is this an Urgent Request? ☐ Yes ☐ No Is Patient Aware of Referral? ☐ Yes ☐ No

## NORTHERN ALBERTA LOCATIONS

**SHERWOOD PARK** (Head Office)  
80 Sioux Road  
Sherwood Park, Alberta T8A 3X5  
**T 780.449.1434**  
**F 780.449.1435**

**EDMONTON NORTH**  
9312 - 137 Avenue  
Edmonton, Alberta T5E 6C2  
**T 780.475.0720**  
**F 780.475.0732**

**EDMONTON SOUTH**  
9136 - 23 Avenue  
Edmonton, Alberta T6N 1H9  
**T 780.784.2177**  
**F 780.784.2182**

**SPRUCE GROVE**  
#22, 201 McLeod Avenue  
Spruce Grove, Alberta T7X 2K6  
**T 780.960.5461**  
**F 780.960.5471**

**CAMROSE**  
#31, 6601 - 48 Avenue  
(Inside Duggan Mall)  
Camrose, Alberta T4V 3G8  
**T 780.673.1150**  
**F 780.666.9722**

**WETASKIWIN**  
5217D - 50 Street  
Wetaskiwin, Alberta T9A 3B8  
**T 780.312.7502**  
**F 780.666.9722**

## Sleep Therapy

### Clinical History:

- ☐ Snoring ☐ Witnessed Apnea  
☐ Hypertension ☐ Diabetes  
☐ Asthma/COPD ☐ Gasping

Reason for Referral \_\_\_\_\_

Neck Circumference \_\_\_\_\_ (cm)

### Sleep Study:

- ☐ Level III Sleep Study *(no fee)*  
*If positive for sleep apnea per physician interpretation, initiate auto CPAP*  
☐ Level I Sleep Study (Polysomnography)  
*(fee may be applicable)*  
☐ Auto CPAP Therapy  
\_\_\_\_\_ cm H<sub>2</sub>O to \_\_\_\_\_ cm H<sub>2</sub>O  
☐ CPAP Therapy \_\_\_\_\_ cm H<sub>2</sub>O  
☐ BiPAP Therapy  
Mode: AVAPS \_\_\_\_\_ ST \_\_\_\_\_ Auto SV \_\_\_\_\_  
IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ RR \_\_\_\_\_ Ti \_\_\_\_\_  
☐ Level III Sleep Study Only *(no fee)*

## Allergy

- ☐ Allergy Consult - Dr. Kumar Ramlall\*  
☐ Allergy Testing *(tray fee applicable)*

### CLINICAL NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Revision Date: 19/08/2025

## Respiratory

- ☐ Adult Pulmonary Consult  
☐ Adult Internal Medicine Consult  
☐ Pediatric Pulmonary Consult

### Pulmonary Function Testing:

- ☐ Full Pulmonary Function  
☐ Pre-Post Spirometry

### Respiratory Assessment:

- ☐ Assessment for Home Oxygen  
☐ Nocturnal Oximetry *(fee applicable)*  
☐ Exertional Oximetry  
☐ Arterial Blood Gas

### Home Oxygen Therapy:

- ☐ Keep SpO<sub>2</sub> >89% or > \_\_\_\_\_ %  
\_\_\_\_\_ Lpm x \_\_\_\_\_ hr/day  
☐ Home Oxygen Assessment - AADL Protocol

### Home Respiratory Equipment:

- ☐ High Flow Humidity  
☐ Suction Setup  
☐ Nebulizer Setup

## Adult Cardiology

- ☐ Holter Monitoring  
☐ ECG (Electrocardiogram)  
☐ 24 Hour Blood Pressure Monitor  
☐ Echocardiogram\*  
☐ Exercise Stress Test\*  
☐ Cardiology Consult\*

*\*Only available at Edmonton South location:  
Provided in conjunction with:*

Edmonton  Consultants