WEST OLIVER
Suite 101 - 10538 124 st. NW
(780) 244-0466
(780) 756-6531

MILLER BOULEVARD
14433 Miller Boulevard NW
(780) 756-6530
(780) 756-6531

REFERRAL FORM

PATIENT DEMOGRAPHICS

Name: ______________________ Gender: __________

Address: ______________________

Provincial Healthcare Number: ______________________

Date of Birth: __________ Email: __________

Phone: (Work) __________ (Home) __________ (Cell) __________

COMMENTS, CURRENT MEDICATIONS, AND SMOKING HISTORY

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- ☐ Current Smoker
- ☐ Ex-Smoker
- ☐ Non-Smoker

REASON FOR TESTING

- ☐ Query Asthma
- ☐ Evaluate Asthma
- ☐ Interstitial Lung Disease
- ☐ Occupational Lung Disease
- ☐ Evaluate COPD
- ☐ Query COPD
- ☐ Post COVID
- ☐ Chronic Cough
- ☐ Sarcoidosis
- ☐ Bronchiectasis
- ☐ Alpha 1-Antitrypsin
- ☐ Other
- ☐ Pre-Operative

FOLLOW-UP TESTING

- ☐ 3 months
- ☐ 6 months
- ☐ 1 year

TESTS AND SERVICES REQUESTED

- ☐ Pulmonary Consult
- ☐ Full Pulmonary Function Testing and Oximetry
  Spirometry with Pre and Post Bronchodilator, Diffusion, Lung Volumes
- ☐ Pediatric Pulmonary Function Testing
- ☐ Spirometry
- ☐ Spirometry and Diffusion Capacity (DLCO)
- ☐ Arterial Blood Gas Testing *Spirometry included*
- ☐ Home Oxygen Assessment
  Maintain SpO2>90%l +/- ABG and PFT as required by AADL funding

CLINIC REFERRING PHYSICIAN

Clinic Name: ______________________

Phone ______________________

Fax: ______________________

Referring Doctor : ______________________
Please Print

Signature ______________________

Please select your preferred location:

- ☐ **Miller Boulevard**
  14433 Miller Boulevard NW
- ☐ **West Oliver**
  Suite 101 - 10538 124 st. NW

Please fax the completed form to (780) 756-6531. We will contact the patient for booking.
Online booking is available on our website.

Inspire Respiratory Care Centre respectfully requests at least 24 hours' notice for all cancellations.

- You will be contacted to confirm your appointment 48 hours prior.
- Please avoid consuming any food or beverages that may contain caffeine (IE: coffee, tea, soda, chocolate, etc.) for 4 hours before your test.
- Please DO NOT use your respiratory inhalers the day of your test.
- Please DO NOT smoke within 4 hours of your test.

If your office/clinic requires more Requisition Pads, please call our office, or email us at info@inspire-respiratory.com.

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14433 MILLER BOULEVARD NW

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