

# PEAK MEDICAL GROUP

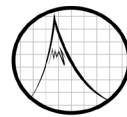
Toll Free Telephone & Fax: 1-855-738-PEAK(7325)

WWW.PEAKPULMONARY.COM

EDMONTON & SHERWOOD PARK REFERRAL FORM



PEAK MEDICAL  
SPECIALTY CENTRES



PEAK PULMONARY  
FUNCTION LABORATORIES



PEAK SLEEP  
CLINIC



PEAK OXYGEN



PEAK RESEARCH  
GROUP

## 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

- Full Pulmonary Function Testing (Spirometry with Pre and Post Bronchodilator, Diffusion, Lung Volumes)  
Repeat Annual Testing?  Yes  No
- Spirometry
- Spirometry and Diffusion Capacity (DLCO)
- Sleep Apnea Testing and Treatment (Level 3 Sleep Study, Assessment, Auto CPAP Trial and Treatment)
- Arterial Blood Gases
- Inhaler Technique Consult with Certified Respiratory Educator
- Smoking Cessation Consult with Certified Respiratory Educator
- Methacholine Challenge Test (MCT's warrant clinical correlation testing with a referral to a Respirologist/Allergist as there may be other factors pertaining to the diagnosis of obstructive lung disease)

### CONSULTATIONS (LETTER REQUIRED)

- Adult Respirologist Consultation
- Allergist Consultation
- Pediatric Neurologist Consultation
- Psychology Consultation
- Neuropsychology Consultation
- Pediatrician Consultation

### REASON FOR TESTING

- Query Asthma
- Evaluate Asthma
- Query COPD
- Evaluate COPD
- Interstitial Lung Disease
- Occupational Lung Disease
- Chronic Cough
- Sleep Apnea
- Sarcoidosis
- Bronchiectasis
- Alpha 1-Antitrypsin
- Other

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

---

---

---

---

---

---

---

---

---

---

- 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: \_\_\_\_\_

- 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.*

### LOCATIONS

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

Peak Sherwood Park - Athabasca Professional Building, #76, 80 Chippewa Road, T8A 4W6 | Phone: 587-745-0563 | Fax: 587-786-3311

Dr. John Neilson (Pediatric Neurology) - #208, 10430 – 61 Avenue NW, T6H 2J3 | Phone: 780-306-9209 | Fax: 780-306-9210

Codi Issac (Physiotherapy) - #208, 10430 – 61 Avenue NW, T6H 2J3 | Phone: 780-952-4323 | Fax: 780-306-9210

## ALLENDALE

### *Pediatric Neurology*

Dr. John Neilson

### *Psychology*

Bruce Dick

Dr. Thomas Pearson

### *Neuropsychology*

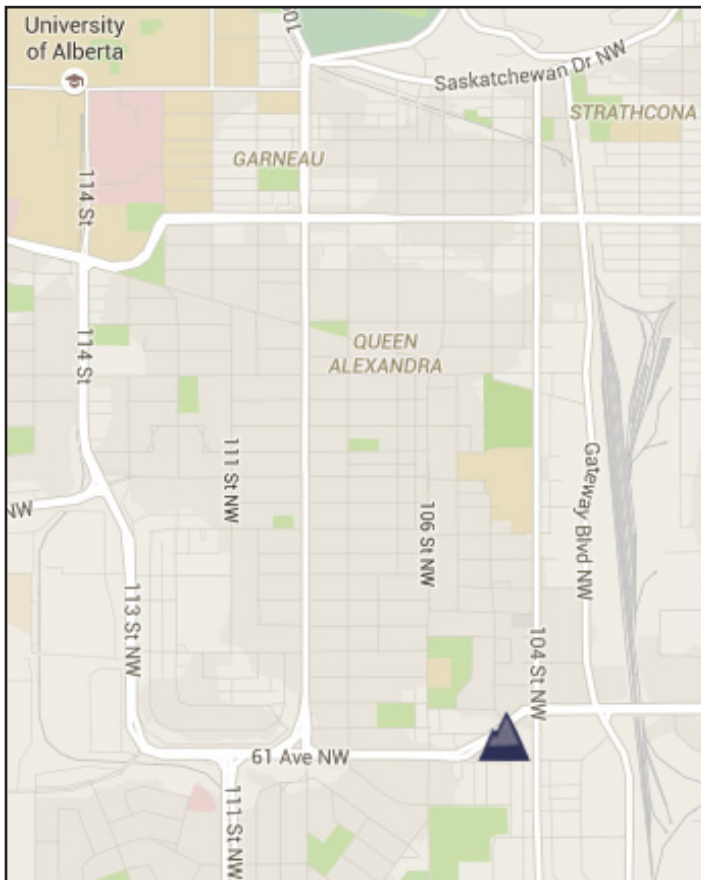
Dr. Jordan Urlacher

### *Adult Respirology*

Dr. Tracy Bryan

### *Concussion Physiotherapy*

Codi Issac



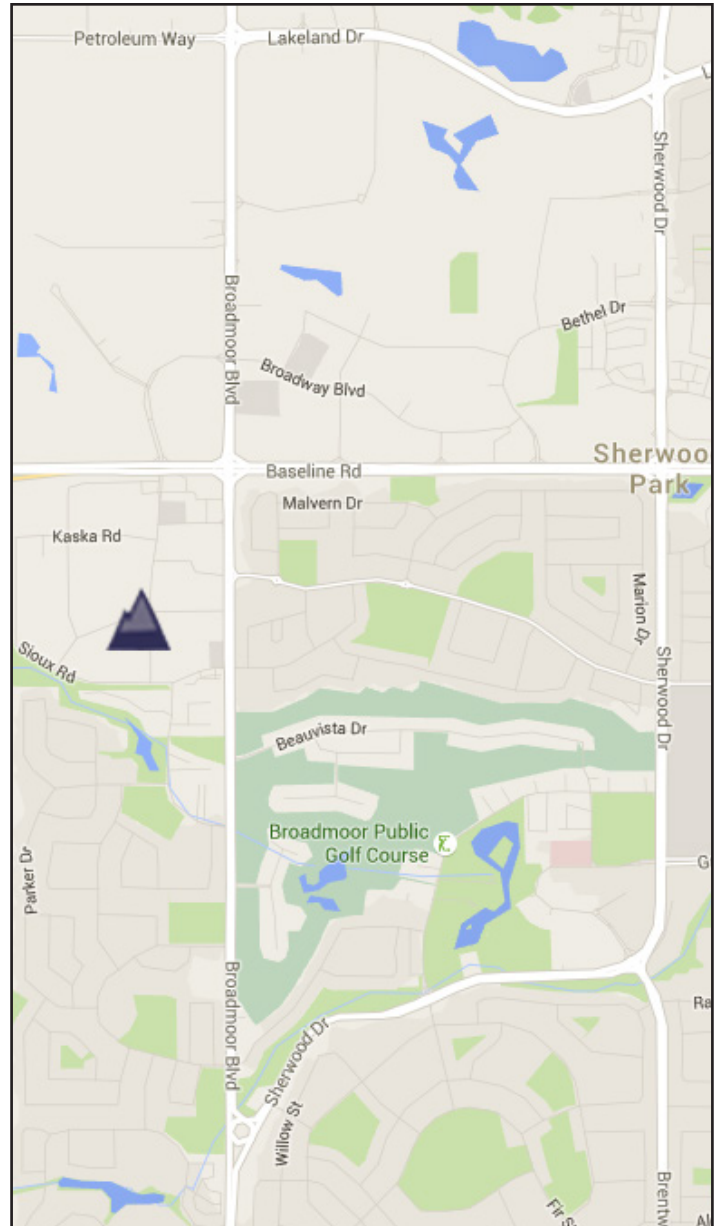
## SHERWOOD PARK

### *Environmental Allergy*

Dr. David Huang

### *Pediatrics*

Dr. Abbeir Hussein



- If patient is unable to keep their appointment, they should call our office as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48 hours' notice for cancellations.
- When requesting a consultation, please provide referral letter and pertinent patient medical history.
- All respiratory testing includes oximetry, education for the patient, and Respiriologist interpretation and recommendations.

If your office/clinic requires more Requisition Pads and/or Patient Information Sheets, please call our office, email us at [info@peakpulmonary.com](mailto:info@peakpulmonary.com), or download additional copies at [www.peakpulmonary.com](http://www.peakpulmonary.com)