TOTAL
RESPIRATORY CARE

#604 - 8600 Franklin Ave
Fort McMurray, AB T9H 4G8
www.totalrespiratorycare.com

Respiratory Requisition - Phone or Fax 844.968.6423

Patient Information (please Print or Affix Patient Label)

Name _____

Address _____

City/Town _____

Postal Code _____

Date of Birth _____/_____/_____ Age _____

Male ☐ Female ☐

Date _____/_____/_____
DD MM YY

PHN _____

Hm Phone _____

Wk Phone _____

Cl Phone _____

Referring Physician (please Print or Affix Clinic Label)

Name _____ Signature _____

PRACID _____ Family Physician's Name _____

Ph _____ Fax _____

Consultation Request

Please arrange for CXR, PFT, and TSH prior to consultation ☐ Dr. Melenka

Reason for Referral

☐ Full Pulmonary Function Test ☐ Spirometry pre vs. post

☒ **Avoid the following prior to testing:**
- smoking tobacco, cannabis or vaping within at least 6 hour
- consuming alcohol or eating cannabis within 6 hours
- performing vigorous exercise within 30 minutes
- eating a large meal within 2 hours

Clinical History

☐ Asthma ☐ COPD
☐ Sleep Apnea ☐ Cough
☐ Shortness of Breath
☐ Lung Lesion
☐ Other Please Specify:

_____

_____

☒ **If possible, patient should avoid taking any:**
- short-acting bronchodilators (ie Atrovent, Bricanyl, Ventolin) for 6 hours prior to testing
- long acting bronchodilators (ie Advair, Symbicort, Oxeze or Spriva) for 12 hours prior to testing

***** Instructions to Patients: Please bring all medication & inhalers with you to the appointment*****

Sleep Services:

☐ **Sleep Apnea Assessment (Level 3) & CPAP Trial/Treatment***

*When indicated by the Specialist's Sleep Study Interpretation
Note: Sleep Services provided by Aveiro Sleep