



## REFERRAL FOR RURAL HOME OXYGEN ASSESSMENT

Please complete and fax this requisition to 306-343-7007.  
 This form will be forwarded to the local SHA oxygen tester.

Patient Name:	Patient Phone #:
HSN:	DOB: <span style="float: right;">(Day / Month / Year)</span>
Physician:	Funding:    NIHB <input type="checkbox"/> SAIL <input type="checkbox"/>
Fax # (for results):	Current Oxygen Provider:    Careica <input type="checkbox"/> Medigas <input type="checkbox"/> <span style="float: right;">Prairie Oxygen/Vitalaire <input type="checkbox"/></span>
Town of Residence:	Physician signature:

### PLEASE INDICATE THE APPROPRIATE TEST:

<p><b>Initial home oxygen assessment</b>          If client does not qualify for CONTINUOUS, will do EXERTIONAL and NOCTURNAL.          May include ABG if required.</p>	<p>This will be completed as per SAIL Policy and/or local policy.</p> <p>Does this patient have cor pulmonale or polycythemia?</p> <p style="text-align: center;">Yes <input type="checkbox"/>                  No <input type="checkbox"/></p>
<p><b>Home oxygen renewal</b>          Client will be tested for continuous, exertional, and nocturnal unless requested otherwise.</p>	<p>CURRENT FUNDING:</p> <p style="text-align: center;">Continuous <input type="checkbox"/>                  Exertional <input type="checkbox"/>          Nocturnal <input type="checkbox"/>                  Palliative <input type="checkbox"/></p>
<p><b>Arterial Blood Gas</b>          i.e. for NIHB funding or those who have borderline saturations.   <b>* Please forward to a local site that does ABG testing</b></p>	<p>PLEASE INDICATE RATIONALE:</p>
<p><b>Nocturnal Oximetry Study</b>          1-night room air &amp;          1 night with O2, if required           Oximeters will be distributed for take-home use by the local SHA Home Oxygen Tester and results downloaded by Lung Sask or local tester.   <b>*This test is not a diagnostic tool for sleep apnea. Consider referral to a sleep physician or other sleep studies.</b></p>	<p>SPECIFIC INSTRUCTIONS/ORDERS &amp; DIAGNOSES:          i.e. use CPAP/APAP/BiPAP, oxygen test only, LPM etc.</p>