

## Home Respiratory Services Referral Form

### Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Health Card#: \_\_\_\_\_  
 City, Province, Postal: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Referring Physician Fax: \_\_\_\_\_

### Diagnosis

Primary Diagnosis: \_\_\_\_\_  
 Relevant Medical History: \_\_\_\_\_

### Home Oxygen Prescription

Liters/min. @ Rest: \_\_\_\_\_ Liters/min. with Exertion: \_\_\_\_\_ Liters/min. with Sleep: \_\_\_\_\_  
 Hours / day: \_\_\_\_\_ Prescription Date: \_\_\_\_\_

### Diagnostic Data

Date	O <sub>2</sub> Flow Rate	pH	PaO <sub>2</sub>	PaCO <sub>2</sub>	HCO <sub>3</sub>	SpO <sub>2</sub>

### Oximetry Testing

Resting	Exertional	with Sleep

### Ontario Home Health Oxygen Program Funding Criteria

- Resting Oxygen: - PaO<sub>2</sub> < 55 mmHg or SpO<sub>2</sub> < 88% on room air at rest for 5 minutes
- Nocturnal Oxygen: - SpO<sub>2</sub> < 88% for > 30% of min
- Exertional Oxygen: - SpO<sub>2</sub>, 88% for 2 minutes of a 6 minute test on room air with exertion
- Palliative Funding: - limited to 90 days if physiologic criteria not met

*NOTE: if exertional or nocturnal oximetry is required for funding purposes, there are specific requirements set out by the Ministry of Health for the performance of these tests, and their eligibility requirements. Please call one of our Respiratory Therapists for specific information.*

### Sleep Therapy

Sleep Study Date: \_\_\_\_\_ Follow up Date: \_\_\_\_\_  
 APAP:  Trial  Purchase Pressure (Range): \_\_\_\_\_  
 CPAP:  Trial  Purchase Ramp: \_\_\_\_\_  
 BiPAP:  Trial  Purchase Notes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ OHIP Billing #: \_\_\_\_\_

#### HEAD OFFICE

925 Mornington St  
 Stratford, ON N5A 6S2

#### STRATFORD

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#### GUELPH

66 Delhi Street  
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#### ORANGEVILLE

170 Lakeview Court, Unit 4  
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#### CAMBRIDGE

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 Cambridge, ON N3H 3R6