

**Please fax this form to:**

**Barrie & Area: (705) 730-0820**  
**Midland & Area: (705) 252-0419**  
**Orillia: (705) 330-0144**

**For after hours service please call:**

**Barrie & Area: (705) 730-0818**  
**Midland & Area: (705) 315-8902**  
**Orillia: (705) 413-0202**

## Simcoe County

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
NUMBER STREET APARTMENT

Date of Birth: \_\_\_\_\_  
YYYY MM DD CITY PROVINCE POSTAL CODE

Health Card #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### DIAGNOSIS

\_\_\_\_\_  
\_\_\_\_\_  
☐ Palliative ☐ Acute O<sub>2</sub> Need ☐ Chronic O<sub>2</sub> Need

### ROOM AIR ABGs (CHRONIC)

Date: \_\_\_\_\_  
YYYY MM DD PaO<sub>2</sub> \_\_\_\_\_  
PaCO<sub>2</sub> \_\_\_\_\_ pH \_\_\_\_\_  
SaO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_

### OSCILLATING PEP THERAPY



Aerobika\* Oscillating PEP Therapy Device is a drug-free, easy to use, hand-held device that helps people with COPD and other respiratory conditions, breathe easier and live better.

### OXYGEN THERAPY

Hours of use per day: \_\_\_\_\_  
Nasal Cannula: \_\_\_\_\_ (litres/minute)

### OXIMETRY TESTING

Testing on room air unless specified otherwise:  
\_\_\_\_\_  
☐ Daytime Resting ☐ Daytime Exertion ☐ Nocturnal (Sleep)

### ADDITIONAL INFORMATION

Does patient require O<sub>2</sub> from hospital to home: ☐ YES ☐ NO Hospital Name: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
YYYY MM DD

### CPAP THERAPY

Pressure: \_\_\_\_\_ cm H<sub>2</sub>O Comments: \_\_\_\_\_

### PRESCRIBER SIGN OFF

X \_\_\_\_\_  
Prescriber Signature Prescriber Name ☐ Physician ☐ Nurse Practitioner

If completed by other: \_\_\_\_\_  
NAME DESIGNATION TELEPHONE# Date: \_\_\_\_\_  
YYYY MM DD

Primary Care Provider Name: \_\_\_\_\_

**For Oxygen Therapy please advise patient that set-up can be completed the day you send us the referral.**