

# Allied Health Referral Request

Sleep Care: 1-877-250-5622  
Pulmonary Function: 1-855-288-2577  
Home Oxygen: 1-855-672-6262  
Home Oxygen Direct: 403-262-7909  
[www.ranacaregroup.com](http://www.ranacaregroup.com)



Please complete the screening tools below. If your patient screens positive and a referral to RANA is recommended, please fax this form to **(403) 250-3055**. For all RANA referrals, we will coordinate with the patient's family physician for signature authorization.

**\*IMPORTANT\*** RANA takes patient privacy seriously. Please include a blank fax cover sheet that does not contain any patient information with this referral.

To:  Respiratory Care Group

Date: \_\_\_ / \_\_\_ / \_\_\_  
          DD    MM    YYYY

Fax: **(403) 250-3055**

Total Pages:

Company/Clinic Name:

From:

Phone:

Allied Health Professional:  Pharmacist  RN  RD  Other: \_\_\_\_\_

## Patient Information

Patient Name \_\_\_\_\_  
(First, Last)

Date of Birth \_\_\_ / \_\_\_ / \_\_\_  
                  DD    MM    YYYY

Street Address \_\_\_\_\_

Gender  M  F  Identifies as \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Email Address \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Phone \_\_\_\_\_

## SLEEP

### Stop Bang Screening Tool

Do you snore loudly? Louder than talking, or to be heard through closed doors?  Y  N

Do you often feel tired, fatigued, or sleepy during the daytime?  Y  N

Has anyone observed you stop breathing during your sleep?  Y  N

Do you have, or are you being treated for high blood pressure?  Y  N

BMI greater than 35?  Y  N

Age over 50 years old?  Y  N

Neck circumference: > 40 cm (> 16 in)?  Y  N

Are you male?  Y  N

Stop Bang Score (# of Yes answers) \_\_\_\_\_<sup>1</sup>

### Referral to RANA:

Level III Sleep Study

<sup>1</sup> A Level III Sleep Study is recommended for patients who score 3 or greater.

## PULMONARY FUNCTION

### Canadian Lung Health Test

Do you cough regularly?  Y  N

Do you cough up phlegm regularly?  Y  N

Do even simple chores make you short of breath?  Y  N

Do you wheeze when you exert yourself, or at night?  Y  N

Do you get frequent colds that persist longer than those of other people you know?  Y  N

If you answered YES to one or more of the questions, you may be at risk for COPD.

### Referral to RANA:

Spirometry Testing

I hereby confirm that all of the above information is correct and complete, and authorize RANA Respiratory Care Group to follow-up with me and to release any part or all of this information to my physician(s) as it pertains to the Referral to RANA indicated through the screening tools used on this form. RANA Respiratory Care Group agrees to keep your information confidential.

Patient Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_  
          DD    MM    YYYY