Lung Saskatchewan
2308 Arlington Avenue
Saskatoon, SK S7J 3L3
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oxygentest@lungsask.ca

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: (Day / Month / Year)
Physician:	Funding: NIHB □ SAIL □
Fax # (for results):	Current Oxygen Provider: Careica □ Medigas □ Prairie Oxygen □
Town of Residence:	Physician signature:

PLEASE INDICATE THE APPROPRIATE TEST:

	Initial home oxygen assessment If client does not qualify for CONTINUOUS, will do EXERTIONAL and NOCTURNAL. May include ABG if required.	This will be completed as per SAIL Policy and/or local policy. Does this patient have cor pulmonale or polycythemia? Yes □ No □
	Home oxygen renewal Client will be tested for continuous, exertional, and nocturnal unless requested otherwise.	CURRENT FUNDING: Continuous □ Exertional □ Nocturnal □ Palliative □
	Arterial Blood Gas i.e. for NIHB funding or those who have borderline saturations. *** Please forward to a local site that does ABG testing**	PLEASE INDICATE RATIONALE:
	Nocturnal Oximetry Study 1-night room air & 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. ***This test is not a diagnostic tool for sleep apnea. Consider referral to a sleep physician or other sleep studies.**	SPECIFIC INSTRUCTIONS/ORDERS & DIAGNOSES: i.e. use CPAP/APAP/BiPAP, oxygen test only, LPM etc.