



2-24 Viceroy Road, Vaughan, ON, L4K 2L9
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CompleteRespCare.com

HOME OXYGEN Patient Referral Form

Date: _____

Discharge Date: _____

Hospital Staff Info: _____ (Name) _____ (Designation)

Patient Personal Information

(Phone) _____ (Ext)

Patient Name: _____

Health Card #: _____ (Version Code)

Patient Address: _____

Patient Tel: _____

Sex: Male Female

Patient Cell: _____

DOB (yyyy/mm/dd): _____

Next of Kin: _____

Next of Kin Tel: _____

Patient Medical Details

Diagnosis: _____

Qualification: _____

Oxygen Prescription:

Palliative

Oxygen Flow Rate (LPM) and Duration (hr)

Regular (Arterial Blood Gas Required)

	Rest	Exertion	Sleep
Flow			
Duration			

Date Drawn (yyyy/mm/dd): _____

pH	PaO ₂	PaCO ₂	SaO ₂

Keep SpO₂ ≥ 90%

Exertional (Independent Exercise Assessment Required)

Keep SpO₂ 88% - 92%

IEA Date (yyyy/mm/dd): _____

Other: _____

IEA Faxed to the Vendor: Yes No

Other: _____

Tracheostomy Patient: Yes No

Comments: _____

Referral Details

Prescriber's Name: _____ Tel: _____

Prescriber's Signature: _____

Fax: _____

Billing Number: _____

**Please Fax Referral to 1(905)532-9540
For After Hours On Call Service, Please Call 1(888)337-0611**



Home Oxygen Therapy Program Medical Eligibility Criteria

Long and Short Term Funding for Resting Hypoxemia:

1. Resting ABG PaO₂ value ≤ 55 mmHg

OR

2. PaO₂ 56-60 mmHg accompanied by Cor pulmonale, Pulmonary Hypertension or persistent Erythrocytosis

OR

3. PaO₂ 56-60 mmHg with
 - a. Exercise limited Hypoxemia (SpO₂ ≤ 88% - Determined via Independent Exercise Assessment) or
 - b. Nocturnal Hypoxemia.

Long Term Funding for Exertional Hypoxemia:

1. Resting ABG PaO₂ > 60 mmHg or Resting SpO₂ > 90%

AND

2. Exhibits exertional Hypoxemia (SpO₂ ≤ 88% - Determined via Independent Exercise Assessment).

Palliative Funding:

1. Intended for individuals who are at the end stage of a terminal illness, receiving End of Life Care and required Home Oxygen Therapy.
2. Palliative applicants do not meet other Medical Eligibility Criteria (long term, short term or for exertional Hypoxemia).
3. Provides funding for maximum of 90 days (one funding period per lifetime).
4. No ABGs are required.