Complete oxygen care

4-275 First Street, Collingwood, ON L9Y 1A8
T: 705-444-3300 | *F:* 705-444-3303 I *TF:* 1.866.665.2111
CompleteRespCare.com

HOME OXYGEN

Patient Referral Form

Date: _____

Discharge Date: _____

Patient Personal Information

Version Code

Patient Name: _____ Health Card #: _____

Patient Address: _____ Patient Tel: _____

_____ Patient Cell: _____

Sex: □ Male □ Female Next of Kin: _____

DOB (yyyy/mm/dd): _____ Next of Kin Tel: _____

Patient Medical Details

Diagnosis: _____

Oxygen Prescription:

□ Oxygen Flow Rate (LPM) and Duration (hr)

	Rest	Exertion	Sleep
Flow			
Duration			

□ Keep SpO2 ≥ 90%

□ Keep SpO2 88% - 92%

□ Other: _____

Tracheostomy Patient: □Yes □No

Qualification:

□ Palliative

□ Regular (Arterial Blood Gas Required)

□ Exertional (Independent Exercise Assessment Required)

□ Home Oxygen Assessment

□ Other: _____

Arterial Blood Gas Results

Date Drawn: _____

pH	**PaO_2**	**$PaCO_2$**	**SaO_2**

IEA Faxed to the Vendor: □ Yes □ No

Comments: _____

_____

Referral Details

Referring MD/NP: _____ Tel: _____

Signature: _____ Fax: _____

Please Fax Referral to 613-253-2050

Complete Respiratory Care

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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.