Fax: 416-234-8807 (During Office Hours)
Tel.: 1-866-719-1192 (24 hours / 7 days)
Email: info@advacare.ca

HOME OXYGEN REFERRAL FORM

REASON FOR REFERRAL
☐ Home Oxygen Setup (Please complete "Prescription" Section)
☐ Home Oxygen Assessment. **Please specify diagnosis:**
☐ Overnight Oximetry ☐ On Room Air ☐ On _____LPM O_2
☐ Other:

PATIENT INFORMATION			
Name (Last, First):			
Date of Birth (dd.mm.yy):		HCN:	Ver:
Address:		City:	Postal Code:
Home Tel.:	Mobile Tel.:		Other Tel.:
Contact Person:		Contact Person Tel:	
	For In-Patients:		
Facility:		Room #:	
Contact Person:		Contact Tel.:	

REFERRAL INFORMATION		
Physician Name:	Tel.:	Fax:
PRESCRIPTION		
HOP Funding Program: ***(Please check one)***	☐ Long Term ☐ Short Term ☐ Exertional ☐ Palliative	
Oxygen Prescription		**Room Air ABG**
At Rest: LPM		Date of ABG (dd.mm.yy):
On Exertion: LPM		pH:_____ $PaCO_2$:_____PaO_2: _____SaO_2:_____.
Nocturnal: LPM		**Independent Exercise Assessment**
Prn: LPM		☐ Required ☐ Completed: Results Attached ☐ YES ☐ NO
Other:		Date Performed (dd.mm.yy):
		Location of Assessment:
Physician Signature:		
Date (dd.mm.yy):		

Home Oxygen Therapy Program Medical Eligibility Criteria

Long and Short Term Funding for Resting Hypoxemia: **1.** Resting ABG PaO_2 value ≤ 55 mmHg ***OR*** **2.** PaO_2 56-60 mmHg accompanied by Cor pulmonale, Pulmonary Hypertension or persistent Erythrocytosis ***OR*** **3.** PaO_2 56-60 mmHg with a) exercise limited Hypoxemia (SpO_2 ≤ 88% - Determined via Independent Exercise Assessment) or b) nocturnal Hypoxemia.

Long Term Funding for Exertional Hypoxemia: Resting ABG PaO_2 > 60 mmHg or Resting SpO_2 > 90% AND exhibits exertional Hypoxemia (SpO_2 ≤ 88% - Determined via Independent Exercise Assessment).

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