Nocturnal Oxygen Testing - Communication Form

Please read the included ***Nocturnal Oxygen Testing Instructions*** document.

Tester: Please ensure all sections of this form are completed and that client is *STABLE.*
Client: Fill out time oximeter on/off, time oxygen applied, and #4.

1. **Client information**

   Name: _____

   Health Card Number: _____ _____ _____ _____ _____ _____ _____ _____ _____

   Home Oxygen Company (if applicable)*: Careica □ Medigas □ Prairie Oxygen □

   Non-Insured Health Benefits (NIHB/Treaty): Yes □ No □

   Client's date of birth (month/day/year): _____ Male □ Female □ Other □

   Reason for testing: _____

2. Prescriber's name (physician or nurse practitioner): _____

   Prescriber's fax number: _____

3. **Please check the appropriate box and chart accurate date:**

□ ***Room air (no oxygen) test*** **Date: _____**

Time oximeter on (bedtime): _____

Time oximeter taken off (usually morning): _____

Wearing: CPAP/APAP □ **or** BiPAP □ NA □

□ ***Oxygen test*** **Date: _____**

Oxygen flow (e.g. 2 LPM): _____ LPM Via: Concentrator □ Cylinder □
Portable concentrator not recommended for nocturnal tests

Time oxygen on: _____

Time oximeter on (bedtime): _____

Time oximeter taken (usually morning): _____

Wearing a CPAP/APAP □ or BiPAP □ NA □

4. **Tell us about your night**: How did you sleep? Did you wake up? What time? Did you snore? Etc.

   Room air test: _____

   Oxygen test: _____

5. **Tester name & number:** _____

   Fax number: _____

It is the responsibility of the health authority for the return shipping payment to Lung Saskatchewan, 2308 Arlington Avenue, Saskatoon SK S7J 3L3

*test results will be forwarded to the physician, tester, and home oxygen company