



Home Oxygen Referral Form

Process for *Inpatients*:

1. Call TrueNorth to advise of expected home oxygen set-up and anticipated discharge date.
2. Complete requirements below and fax to TrueNorth a minimum of 24 hours prior to anticipated discharge.

Process for *Outpatients*:

1. Complete requirements below and fax to TrueNorth.

PATIENT INFORMATION:

Please Complete all fields

Full Name:	DOB(DD/MM/YR):		
Address:	City:	Postal Code:	
Phone:	Diagnosis:		
Funding (please circle):	Pharmacare /	Chronic Disease Prgm /	NIHB / Private Insurance (Sunlife, etc)
If Pharmacare or Chronic Disease Program, Yukon Health Care #:	-	-	
If NIHB, Band number (if applicable):			
Notes/Precautions:			

Referring Physician:	License/Billing Number:
Family Physician:	License/Billing Number:

The following *must* accompany this Referral Form:

- Prescription from the physician indicating oxygen flow rate and hours of intended use per day
- For NIHB Patients:
 - Room air arterial blood gas (ABG) results. ABGs are a mandatory requirement for funding through NIHB.
 - The approval process for NIHB can take up to 5 business days.

Note: this form on its own is not a prescription