DREAM SLEEP RESPIRATORY

PATIENT REFERRAL FORM

SLEEP APNEA TESTING - CPAP THERAPY - HOME OXYGEN

PLEASE FAX TO: **(403) 457-1288** OR EMAIL TO: **INFO@DREAMSLEEP.CA**
INQUIRIES PLEASE CALL: **1-888-286-2318 (Toll Free)**

Patient Information (or Patient Label)

Date (YY/MM/DD): _____

Patient First Name: _____ Patient Last Name: _____

Street Address: _____ City / Town: _____

Postal Code: _____ Sex (M/F): _____

Home Phone: _____ Business Phone: _____

AHC Number: _____ Date of Birth (YY/MM/DD) _____

Sleep Services

- ☐ Level-3 Sleep Study [1]
- ☐ CPAP Trial
- ☐ CPAP Reassessment / Intervention
- ☐ Dental Appliance Therapy Consultation [2]
- ☐ Other (Insomnia, restless leg syndrome, shift work)

Pulmonary Function Services (Check all that Apply)

- ☐ Routine ☐ Urgent
- ☐ Complete Testing [3] ☐ Spirometry [4]

Reason for Testing: _____

Repeat Testing Every _____ (Months) _____ (Years)

Home Oxygen Services (Please Check All That Apply)

Diagnosis: _____

- ☐ Oxygen Assessment (Spirometry as Required)
- ☐ Oxygen therapy _____ LPM _____ Hours/day
- ☐ Maintain SpO_2 > 89%
- ☐ Arterial Blood Gas (as per AADL Guidelines)
- ☐ Other _____

Clinic Information (Or Stamp)

Clinic name: _____
Office phone: _____
Office fax: _____
Prac ID: _____
Referring DR: _____
Signature: _____
Date: _____

Notices and Special Instructions:

1. May include - CPAP trial / treatment, oral appliance, referral to sleep specialist / PSG, Spirometry, and/or PFT.
2. May require a level-3 sleep study

Please be advised that all patients referred for pulmonary function testing will be asked, unless otherwise directed by the referring physician, not to use any bronchodilators (Ventolin, Airomir, Bricanyl, Formoterol, Salmeterol, and Atrovent) for at least 4 – 6 hours prior to the test. Also not to use Spiriva, Advair, and Symbicort for at least 24 hours prior to testing. Patients should not smoke or use any caffeine for at least 4 hours prior to testing. PFT testing in Red Deer performed by Central Alberta Lung Lab.

STOP BANG Questionnaire located on back of form:

Please mark the number of questions answered in the positive "YES" and record the score in the space provided.

Height: _____ **Weight:** _____ **SCORE:** _____

CHECK PREFERRED CLINIC LOCATION & FAX TO 403-457-1288

☐ **NORTH WEST**
Unit 202 - 5149 Country Hills BLVD NW
Calgary AB. Country Hills Village
T3A 5K8

☐ **SOUTH EAST**
Suite 63 - 4307, 130th Avenue SE
Calgary AB. South Trail Crossing.
T2Z 3V8

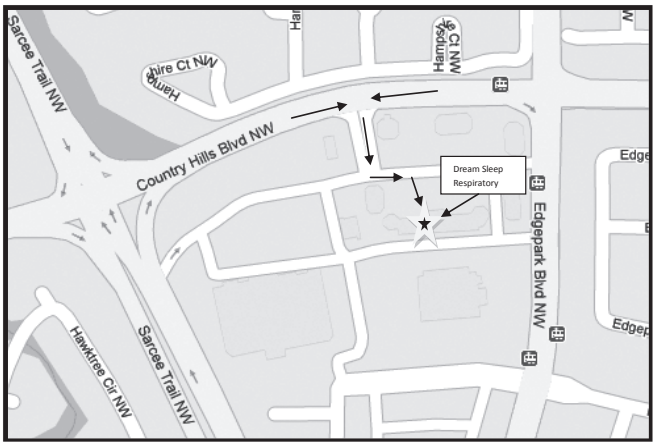
☐ **CANMORE**
#4A -1306 Bow Valley Trail
Canmore AB. T1W1N6
By Appointment

☐ **RED DEER**
#3, 3701 - 50th Ave
Red Deer, AB. T4N-3Y7

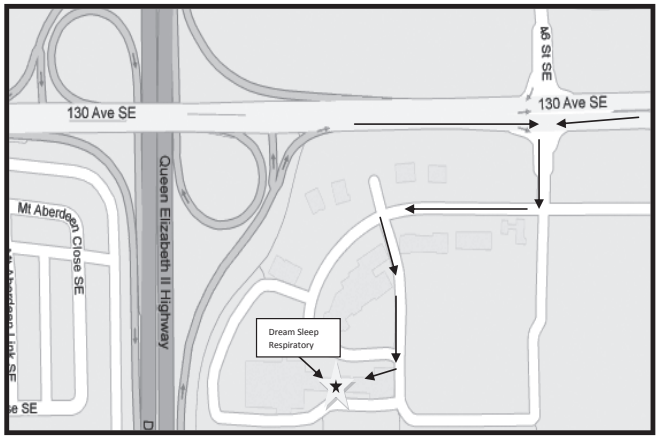
Dream Sleep Respiratory - Breathing Made Easy!
SLEEP STUDIES - CPAP THERAPY - PULMONARY FUNCTION TESTING - HOME OXYGEN
www.dreamsleep.ca / www.calgaryhomeoxygen.ca

Alberta Netcare ELECTRONIC HEALTH RECORD

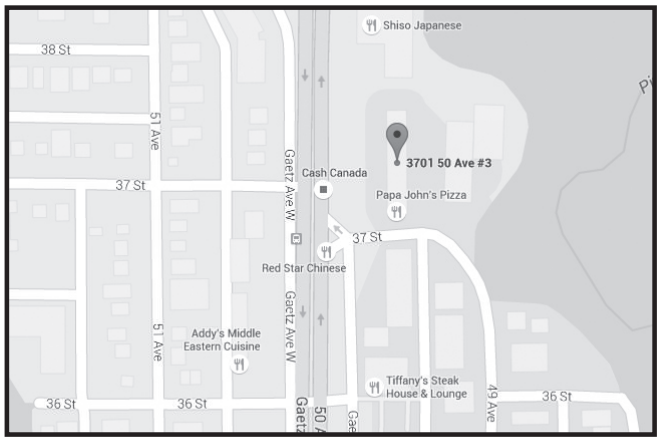
North West Calgary:
Unit 202 - 5149 Country Hills BLVD NW T3A 5K2
(Country Hills Village)



South East Calgary:
Suite 63 - 4307, 130th Avenue SE T2Z 3V8
(South Trail Crossing)



Red Deer:
#3, 3701 - 50th Ave
Red Deer, AB. T4N-3Y7



Canmore:
#4A -1306 Bow Valley Trail
Canmore, AB. T1W1N6

STOP BANG QUESTIONNAIRE

☐ Yes ☐ No **S noring?** Do you **Snore Loud** enough to be heard through closed doors or your bed-partner elbows you for snoring at night?

☐ Yes ☐ No **T ired?** Do you often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving)?

☐ Yes ☐ No **O bserved?** Has anyone **Observed** you **Stop Breathing** or **Choking/Gasping** during your sleep?

☐ Yes ☐ No **P ressure?** Do you have or are being treated for **High Blood Pressure**?

☐ Yes ☐ No **B ody Mass Index more than 35 kg/m^2?** Or, What is your height _____ (ft) or (M) & How much do you weigh _____ (lbs) or (kg)?

☐ Yes ☐ No **A ge older than 50?**

☐ Yes ☐ No **N eck size large? (Measured around Adams apple)**

For male, is your shirt collar 17 inches / 43 cm or greater?
For female, is your shirt collar 16 inches / 41 cm or greater?

☐ Yes ☐ No **G ender = Male?**

A score of 3 or higher indicates need for a sleep study