



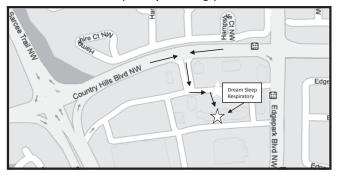
SLEEP APNEA TESTING - CPAP THERAPY - HOME OXYGEN - PULMONARY FUNCTION TESTING - BIPAP THERAPY

P: (403) 457-1127 • F: (403) 457-1288 • DREAMSLEEP.CA

| Patient Information / Patient Label | Referring Physician / Clinic Information / Label |
|--|---|
| Last Name: | Clinic Name: |
| First Name: | Office Phone: |
| Address: | Office Fax: |
| Gender: 🔲 M 🔲 F Date of birth: | Referring Physician: |
| Daytime Phone: | Prac ID: |
| AHC Number: | Signature: |
| Sleep Services | Pulmonary Function Services (Check all that Apply) |
| □ Level-3 Sleep Diagnostics¹ □ Pain Management / Restorative □ CPAP Trial □ CPAP Reassessment / Intervention | ☐ Routine PFT³ ☐ Urgent PFT³ ☐ Methacholine Challenge⁵ ☐ Spirometry |
| ☐ Dental Appliance Therapy Consultation ² | Reason for Testing: |
| ☐ Other (Insomnia, Parasomnia, Restless Leg Syndrome, Shift Work) ⁴ | Repeat Testing Every (Months) (Years) |
| Home Oxygen Services (Please Check All That Apply | |
| Diagnosis: | ☐ Maintain SpO > 89% |
| Oxygen Assessment (Spirometry as Required) | Arterial Blood Gas (as per AADL Guidelines) |
| Oxygen therapy LPM Hours/day | Other |
| Allergy/Immunology ☐ Allergy Consultation Dr. D. McCorn | nick MD FACAAI FAAI DABAI |
| Notices and Special Instructions: | |
| May include: CPAP trial / treatment, oral appliance, referral to sleep specialist / PS May require a Level-3 Sleep Study. Flow volume loop, lung volumes, diffusion capacity and oximetry. Patient Appointment(s) will be administered by Centre for Sleep and Human Per Patient Appointment(s) will be administered by U BREATHE™ Medical Center, loc | rformance Clinic, located at Suite 106, 51 Sunpark Drive SE, Calgary, Alberta T2X 3V4. cated at Suite 205, 4411 16 Avenue NW, Calgary, Alberta T2B 0M3. sked, unless otherwise directed by the referring physician, not to use any short acting |
| Physician Comments: | |
| | (If applicable please include the following information) |
| Physician: Fax: | Clinic: |
| | |



North West Calgary: Unit 202 - 5149 Country Hills Blvd NW T3A 5K8 (Country Hills Village)



South West Calgary: Unit 212 - 555 Strathcona Blvd SW T3H 229 (Strathcona Square)



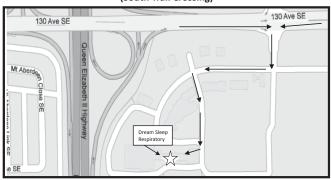
Red Deer: #3, 3701 - 50th Avenue Red Deer AB T4N 3Y7



North East Calgary: 5118 - 2255 32 Ave NE T1Y 6E3 (Sunridge Junction)



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



Canmore: #4A - 1306 Bow Valley Trail Canmore AB T1W 1N6



STOP BANG QUESTIONNAIRE

| ☐ Yes ☐ No Snoring? Do you Snore Loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night? |
|--|
| ☐ Yes ☐ No Tired? Do you often feel Tired, Fatigued, or Sleepy during the day (such as falling asleep during driving)? |
| ☐ Yes ☐ No Observed? Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep? |
| ☐ Yes ☐ No Pressure? Do you have or are being treated for High Blood Pressure? |
| D |
| Yes No Body Mass Index more than 35 kg/m²? Or, What is your height (ft) or (M) & How much do you weigh (lbs) or (kg)? |
| ☐ Yes ☐ No Age older than 50? |

☐ Yes ☐ No Neck 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 Gender = Male?

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