

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

Last Name: _____
First Name: _____
Address: _____
Gender: ☐ M ☐ F Date of birth: _____
Daytime Phone: _____
AHC Number: _____

Referring Physician / Clinic Information / Label

Clinic Name: _____
Office Phone: _____
Office Fax: _____
Referring Physician: _____
Prac ID: _____
Signature: _____

Sleep Services

- ☐ Level-3 Sleep Diagnostics¹ ☐ Pain Management / Restorative Sleep Consultation⁴
☐ CPAP Trial
☐ CPAP Reassessment / Intervention
☐ Dental Appliance Therapy Consultation²
☐ Other (Insomnia, Parasomnia, Restless Leg Syndrome, Shift Work)⁴

Pulmonary Function Services (Check all that Apply)

- ☐ Routine PFT³ ☐ Urgent PFT³
☐ Methacholine Challenge⁵ ☐ Spirometry
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 SpO₂ > 89%
☐ Arterial Blood Gas (as per AADL Guidelines)
☐ Other _____

Allergy/Immunology

☐ Allergy Consultation Dr. D. McCormick MD FACCIA FFAI DABAI

Notices and Special Instructions:

- May include: CPAP trial / treatment, oral appliance, referral to sleep specialist / PSG, Spirometry, and/or PFT.
 - 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 Performance Clinic, located at Suite 106, 51 Sunpark Drive SE, Calgary, Alberta T2X 3V4.
 - Patient Appointment(s) will be administered by U BREATHE™ Medical Center, located at Suite 205, 4411 16 Avenue NW, Calgary, Alberta T2B 0M3.
- 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 short acting bronchodilators for at least 4 – 6 hours prior to the test. Also, patients will be advised not to use any long acting bronchodilators for at least 24 hours prior to testing, (PFT testing in Red Deer performed by Central Alberta Lung Lab).

Physician Comments: _____

Please forward screening results to treating physician (If applicable please include the following information):

Physician: _____ Fax: _____ Clinic: _____

A map of the area around Dream Sleep Respiratory. The map shows 130 Ave SE running horizontally across the top. Queen Elizabeth II Highway runs vertically on the left side. Mt Aberdeen is labeled on the far left. A star marks the location of Dream Sleep Respiratory, which is labeled in a box. Arrows indicate the route from 130 Ave SE, south along Queen Elizabeth II Highway, and then east onto a road that leads to the facility.

☐ Yes ☐ No **S**nororing? 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 day (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/m²**? 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

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