

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

Phone (403) 754-4315 • Fax: (403) 986-9901 • REDDEER@DREAMSLEEP.CA • 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
☐ CPAP Trial
☐ CPAP Reassessment / Intervention²

Pulmonary Function Services (Check all that Apply)

- ☐ Routine ☐ Urgent
☐ Complete Testing³ ☐ Spirometry⁴

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 _____

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.
3. Flow volume loop, lung volumes, diffusion capacity and oximetry.
4. Testing will include pre and post spirometry with bronchodilator unless otherwise specified.

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 for 12 hours prior to the test.

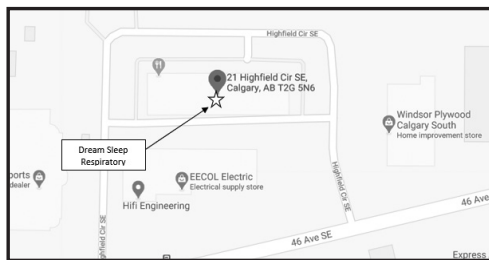
(PFT testing in Red Deer performed by Central Alberta Lung Lab).

Additional Comments:

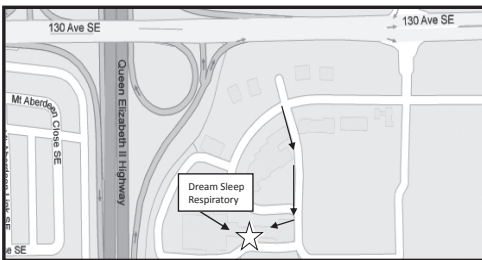
Please forward screening results to treating physician (If applicable please include the following information):

Physician: _____ Fax: _____ Clinic: _____

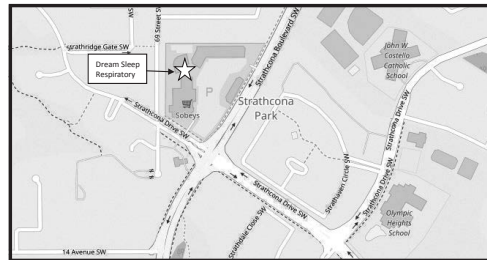
Central Calgary: Bay 8, 21 Highfield Circle SE T2G 5N6



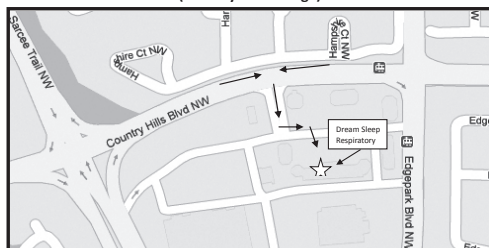
South East Calgary: Suite 63 - 4307, 130th Avenue SE T2Z 3V8
(South Trail Crossing)



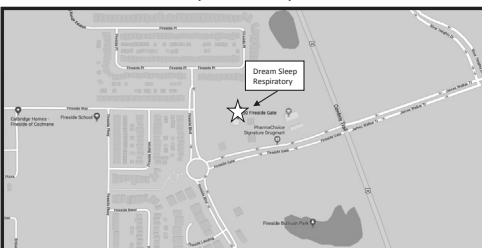
South West Calgary: Unit 212 - 555 Strathcona Blvd SW T3H 2Z9
(Strathcona Square)



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



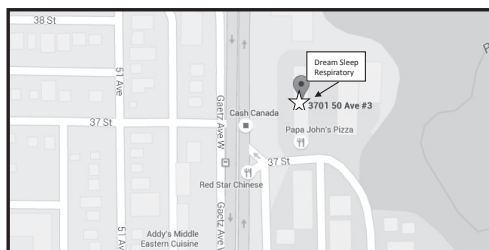
Cochrane: 50 Fireside Gate #5102, Cochrane, AB T4C 2P3
(Fireside Gate)



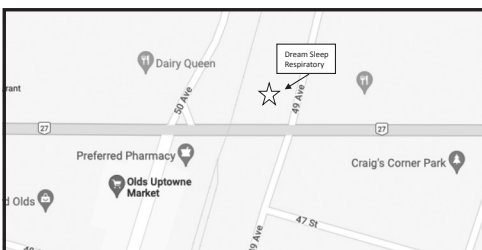
Canmore: #4A - 1306 Bow Valley Trail Canmore AB T1W 1N6



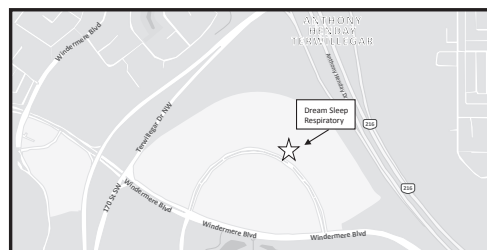
Red Deer: #3, 3701 - 50th Avenue Red Deer AB T4N 3Y7



Olds: #3, 4530 - 49th Avenue, Olds T4H1A4



Edmonton: 6113 Currents Dr NW, Edmonton, AB T6W 2Z4



STOP BANG QUESTIONNAIRE

☐ Yes ☐ No **S**nooring? 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