



DREAM SLEEP RESPIRATORY  
"Breathing Made Easy"



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

**Phone (587) 882-2868 • Fax: (780) 761-5400 • 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 Diagnostics<sup>1</sup>
- CPAP Trial
- CPAP Reassessment / Intervention<sup>2</sup>

**Pulmonary Function Services (Check all that Apply)**

- Routine                                       Urgent
- Complete Testing<sup>3</sup>                       Spirometry<sup>4</sup>

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  $>$  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):**

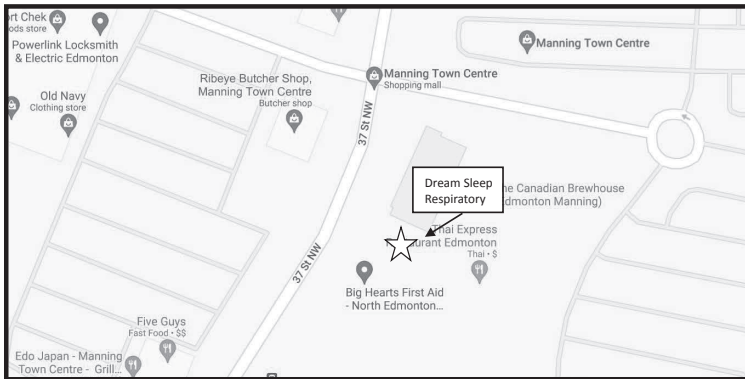
Physician: \_\_\_\_\_ Fax: \_\_\_\_\_ Clinic: \_\_\_\_\_

**Wolf EMR**

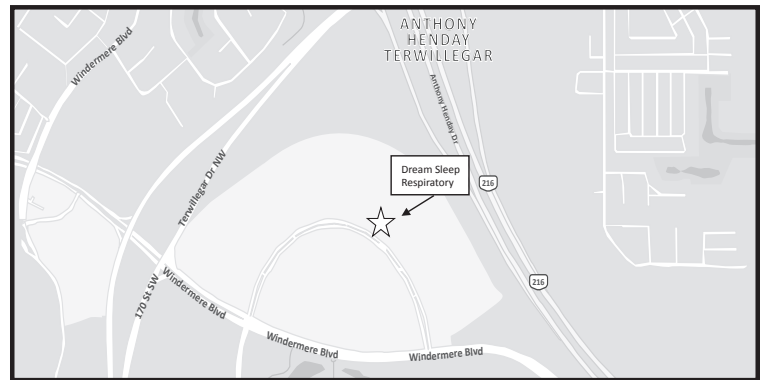


**Med Access EMR**

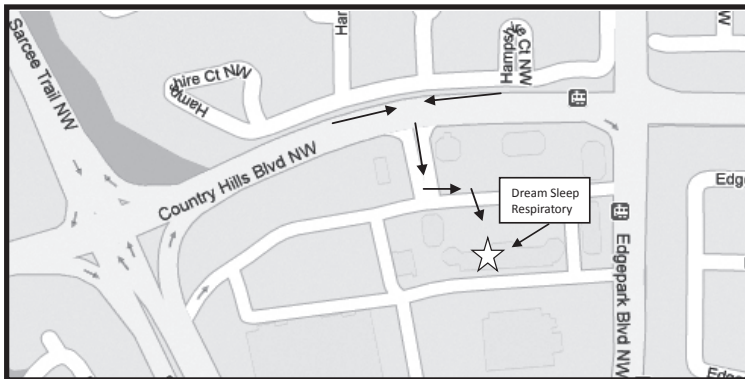
Edmonton: 15369 - 37 Street NW, Edmonton, AB T5Y0S5 (Manning Town Centre)



Edmonton: 6113 Currents Dr NW, Edmonton, AB T6W 2Z4 (Windermere)



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



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



## 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/m<sup>2</sup>**? 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*