

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

Date of Referral: _____
 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 Therapy
 CPAP Reassessment / Intervention²
 VPAP Therapy
 Dental Appliance Therapy Consultation²
 Reason for Testing: _____

Pulmonary Function Services (Check all that Apply)

Complete PFT³
 Spirometry⁴
 Arterial Blood Gas (as per AADL Guidelines)
 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 FAAI DABAI⁵

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 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).
5. Appointment bookings and Clinic Space is provided by Dream Sleep Respiratory however all allergy appointments, consults, tests, and reports are solely provided by Dr. D McCormick MD FACCIAI DABAI

Physician Comments: _____

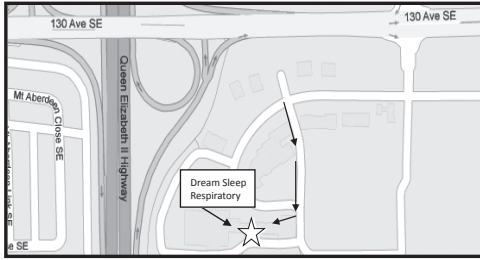
Please forward screening results to treating physician (If applicable please include the following information):

Physician: _____ Fax: _____ Clinic: _____

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



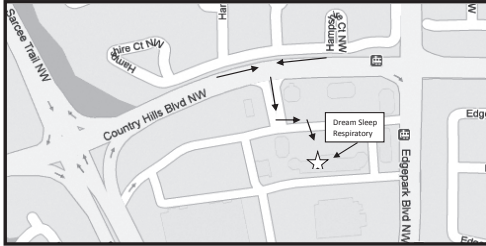
South East Calgary: Suite 63 - 4307, 130th Avenue SE T2Z 3V8
(South Trail Crossing)



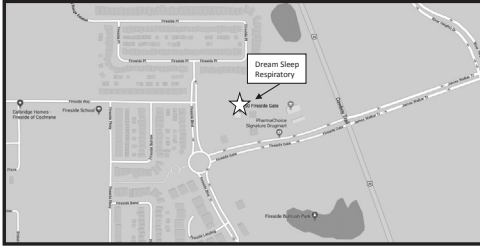
South West Calgary: Unit 212 - 555 Strathcona Blvd SW T3H 2Z9
(Strathcona Square)



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)



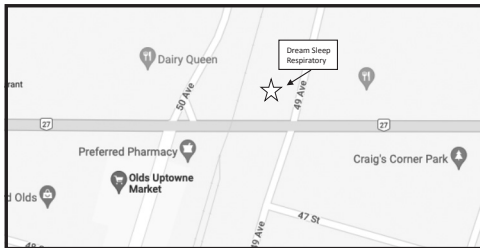
Canmore: #4A - 1306 Bow Valley Trail Canmore AB T1W 1N6



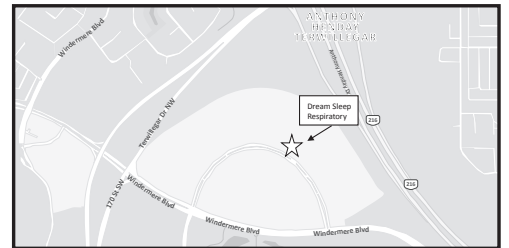
Red Deer: #3, 3701 - 50th Avenue Red Deer AB T4N 3Y7



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