

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 Diagnostics¹ and CPAP Therapy
- ☐ CPAP Therapy
- ☐ CPAP Reassessment / Intervention²
- ☐ VPAP (VAuto) Trial / Therapy (Non-Compliant CPAP users)
- ☐ Conservative measurements for snoring (AHI<5)⁵

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).
5. Positional Sleep Aid with anti snoring mouth piece. (Pure Sleep Device)

Additional Comments: _____

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

Physician: _____ Fax: _____ Clinic: _____

EDMONTON LOCATIONS

Windermere

6113 Currents Drive NW



Central

11412 Jasper Ave NW



Manning Town Centre

15369 - 37 Street NW



ALBERTA OWNED & OPERATED

SERVICING EDMONTON & SURROUNDING AREAS

14 LOCATIONS THROUGHOUT ALBERTA

CALGARY

202, 5149 Country Hills Blvd NW

212, 555 Strathcona Blvd SW

21 Highfield Circle SE

63, 4307 - 130 Ave SE

COCHRANE

5102, 50 Fireside Gate

CANMORE

4A - 1306 Bow Valley Trail

RED DEER

3701 - 50 Ave

105, 47 Clearview Market Way

OLDS

3, 4530 - 49 Ave

LETHBRIDGE

1010 Mayor Magrath Dr. S

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 you 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 a need for a sleep study