



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 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 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).

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: _____

Wolf EMR

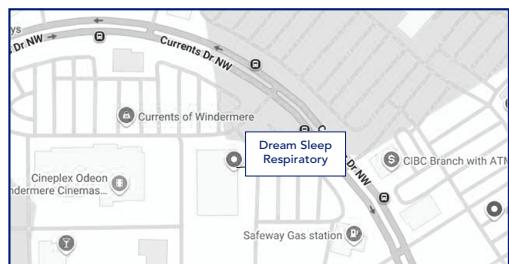
Alberta
Netcare
ELECTRONIC HEALTH RECORD

Med Access EMR

EDMONTON LOCATIONS

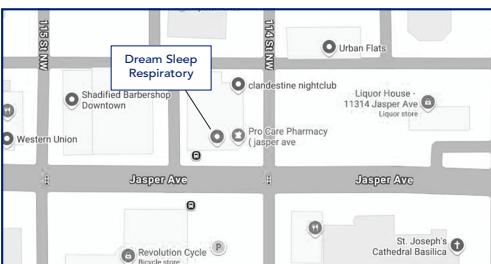
Windermere

6113 Currents Drive NW



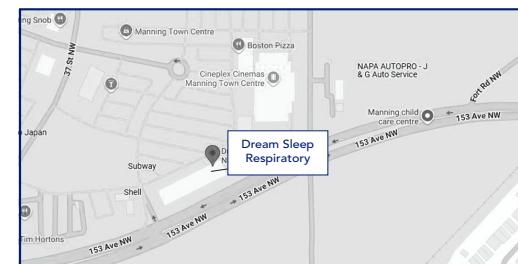
Central

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**norng? 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