



Alberta Owned and Operated

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

Phone (403) 754-4315 • Fax: (403) 986-9901 • 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):

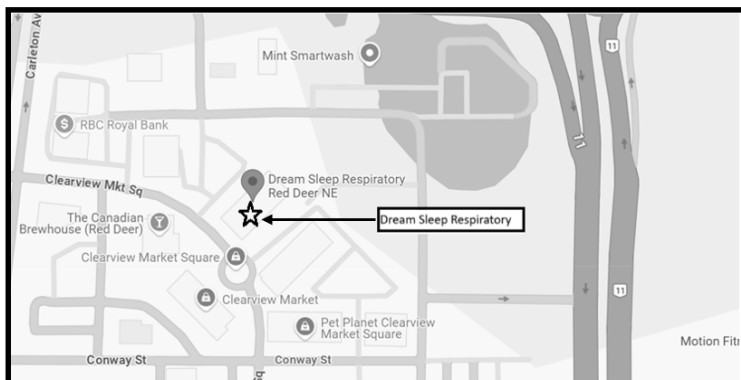
Physician: _____ Fax: _____ Clinic: _____

Available on Most EMR Systems

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



Red Deer: #105 47 Clearview Market Way Red Deer AB T4P 0M9



Olds: #3, 4530 - 49 Avenue, Olds AB T4H 1A4



15 Locations Across Alberta

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