

Referral Form

FAX #'s:
OXYGEN: 306-651-1242
SLEEP: See page 2

Date (DD/MM/YYYY) / /

PATIENT INFORMATION

Patient Name		Email	
Address		DOB (DD/MM/YYYY) / /	
City/Town	Province	<input type="checkbox"/> Male	<input type="checkbox"/> Female Identifies as _____
Postal Code	Phone	PHN	

SLEEP APNEA SERVICES	ADDITIONAL SERVICES
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<p>Please note: patients must be 18+ for sleep testing.</p> <p><input type="checkbox"/> Level 3 Sleep Apnea Diagnostics & Treatment as Required Level 3 sleep study, consultation, APAP therapy (4/20 cm H₂O)* as recommended. <i>*Pressures and mode adjustment as required to optimize therapy.</i></p> <p><input type="checkbox"/> Level 3 Sleep Study Only</p> <p><input type="checkbox"/> Level 2 Sleep Study (detailed info on pg. 2) Level 2 sleep study, consultation, APAP therapy (4/20 cm H₂O)* as recommended. <i>*Pressures and mode adjustment as required to optimize therapy.</i></p> <p><input type="checkbox"/> APAP Trial, Treatment or Reassessment (4/20 cm H₂O)* Prior diagnosis required or Level 3 sleep study will be repeated. <i>*Pressures and mode adjustment as required to optimize therapy.</i></p>	<p>Provided by professional partners.</p> <p><input type="checkbox"/> Oral Appliance Therapy (OAT) (Provided by professional partners.) Prior diagnosis or sleep study required.</p> <p><input type="checkbox"/> Insomnia Cognitive Behaviour Therapy (CBT-I) If probable OSA, sleep study required.</p> <p><input type="checkbox"/> Registered Dietitian Counselling</p>
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PATIENT MEDICAL INFORMATION

<input type="checkbox"/> Significant cardiopulmonary disease (e.g. heart failure, severe COPD)	<input type="checkbox"/> History of stroke
<input type="checkbox"/> Respiratory muscle weakness due to neuromuscular conditions	<input type="checkbox"/> Chronic opioid medication use
Reason for referral or previous sleep disorder diagnosis	
Other (e.g. medication and conditions)	

OXYGEN

<input type="checkbox"/> Home oxygen assessment & treatment as required Initiate oxygen therapy to maintain SpO ₂ > 89%.

PHYSICIAN INFORMATION

Physician Name		Clinic Name	
Address		Practice ID#	
City/Town	Phone	Fax	
Province	Postal Code	Physician Signature	

Sleep Study Levels Compared

		LEVEL 3	LEVEL 2
WHAT IT MONITORS	Breathing activity	✓	✓
	Snoring	✓	✓
	Airflow	✓	✓
	Oxygen levels	✓	✓
	Heart rate	✓	✓
	Brain activity	-	✓
	Muscle activity	-	✓
	Sleep quality (onset time, efficiency, REM and non-REM, sources of disturbances)	-	✓
WHAT IT DETECTS	Sleep apnea	✓	✓
	Leg & body/PLMD	-	✓
	Insomnia (measures actual sleep time and may provide insight into potential causes)	-	✓

Fax Numbers

	SLEEP	OXYGEN
Estevan	306-636-2728	306-651-1242
Moose Jaw	306-693-2700	
North Battleford	306-937-7764	
Prince Albert	306-764-1271	
Regina	306-790-1305	
Saskatoon	306-651-0359	
Swift Current	306-773-3003	