

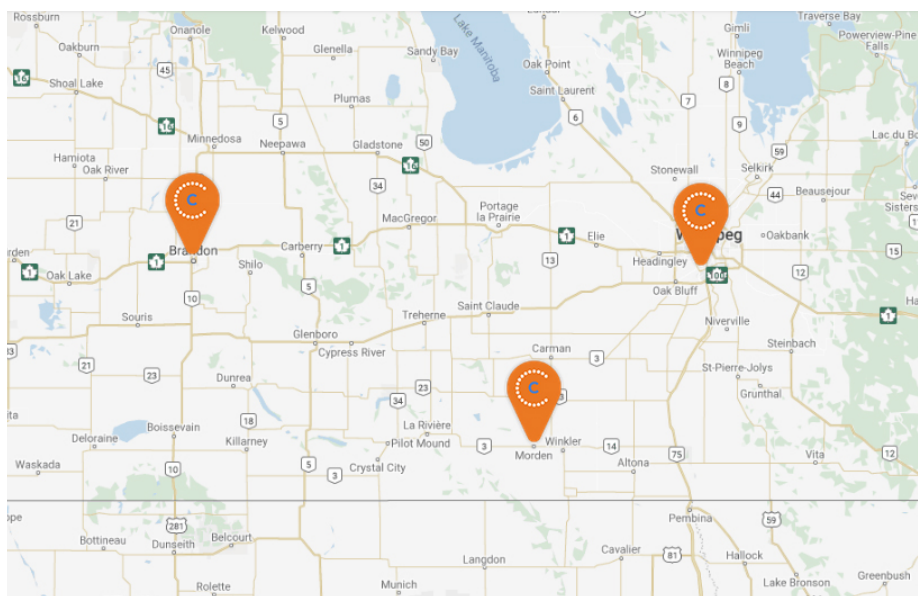
Date (DD/MM/YYYY) / /

Referral Form

PATIENT INFORMATION			
Patient Name		Email	
Address		DOB (DD/MM/YYYY) / /	
City/Town	Province	Male	Female Identifies as
Postal Code	Phone	PHN(s)	
SLEEP APNEA SERVICES		OTHER SERVICES	
Diagnostics & Physician Consultation <input type="checkbox"/> Level 3 sleep study (detects OSA) <input type="checkbox"/> Level 2 sleep study (detailed info on p. 2) APAP Treatment or Reassessment Prior diagnosis or sleep study required. <input type="checkbox"/> Initiate APAP therapy (6/20cmH ₂ O) <input type="checkbox"/> Autotitration for pressure reassessment Oral Appliance Therapy (provided by professional partners) Prior diagnosis or sleep study required. <input type="checkbox"/> Therapy Consultation		Provided by professional partners. <input type="checkbox"/> Insomnia Cognitive Behaviour Therapy (CBT-I) If probable OSA, sleep study required. <input type="checkbox"/> Registered Dietitian Counselling	
PATIENT MEDICAL INFORMATION			
<input type="checkbox"/> Significant cardiopulmonary disease (e.g. heart failure, severe COPD) <input type="checkbox"/> Respiratory muscle weakness due to neuromuscular conditions		<input type="checkbox"/> History of stroke <input type="checkbox"/> Chronic opioid medication use	
Reason for referral or previous sleep disorder diagnosis			
Other (e.g. medication and conditions)			
PRIVATE OXYGEN SERVICES			
For publicly funded oxygen services, please refer to: https://gov.mb.ca/health/homecare/forms/hocp_fp.pdf			
O ₂ Continuous (LPM)	O ₂ at Rest (LPM)	O ₂ Nocturnal (LPM)	
O ₂ PRN (LPM)	O ₂ with Exercise (LPM)	O ₂ with CPAP/BiPAP (LPM)	
Respiratory Diagnosis/Notes			
PHYSICIAN INFORMATION			
Physician Name		Clinic Name	
Address		City/Town	
Postal Code	Province	Phone	Fax
Practice ID#		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)	-	✓



LOCATIONS

Winnipeg

6-55 Henlow Bay
R3Y 1G4

Brandon

E-305 18th Street N
R7A 6Z2

Morden

Oxygen/Admin office
205 Stephen Street
R6M 1V2