

BURNABY
3823 Henning Drive, 107
Burnaby, BC V5C 6P3
FAX: 604-291-6939

VICTORIA
3595 Ravine Way
Victoria, BC V8X 4Z1
FAX: 250-370-9365

Referral Form

PATIENT NAME AND INFORMATION

(Please complete or affix patient label)

DATE DD MM YY

Patient Name
Street Address
City/Town
Postal Code

Daytime Phone
Email
(For appointment scheduling use only)
Date of Birth Sex M F Identifies as:
DD MM YY
PHN(s)

SLEEP SERVICES

Sleep Apnea Diagnostics (Level III) & Treatment as Required
Level III sleep study, consultation, APAP therapy (4/20cmH₂O)* as recommended.
*Pressures and mode adjusted as required to optimize therapy.

Level III Sleep Study Only

PAP cmH₂O

APAP Trial & Treatment (4/20cmH₂O)*
Sleep-Disordered Breathing/OSA diagnosis must have been established in the last 12 months. A level III sleep study will be repeated if required.
*Pressures and mode adjusted as required to optimize therapy.

APAP/CPAP Re-Assessment (4/20cmH₂O)*
May include overnight oximetry. Please include previous sleep study results if done elsewhere. A level III sleep study will be repeated if required.
*Pressures and mode adjusted as required to optimize therapy.

PATIENT MEDICAL INFORMATION

(AS REQUIRED)

Significant cardiopulmonary disease (e.g. heart failure, severe COPD) Chronic opioid medication use
 Respiratory muscle weakness due to neuromuscular conditions History of stroke
 Previous Sleep Disorder Diagnosis:

Other (e.g. medication and conditions):

REFERRING PHYSICIAN AUTHORIZATION

(Please complete or affix clinic label)

Physician Name
Practice ID
Clinic Name
Signature

Address
Phone
Fax

Stop Bang Screening Tool¹

- | | | |
|--------------------------|--------------------------|--|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you snore loudly? Louder than talking, or to be heard through closed doors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel tired, fatigued, or sleepy during the daytime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone observed you stop breathing during your sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have, or are you being treated for high blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your BMI greater than 35? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over 50 years old? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your neck circumference > 41 cm (women) or > 43 cm (men)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you male? |

RISK OF OSA

Low:

Yes to 0-2 questions

Intermediate:

Yes to 3-4 questions

High:

Yes to 5-8 questions

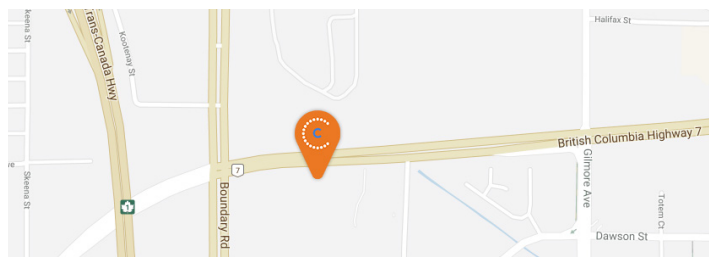


Score

(total number of "Yes" answers)

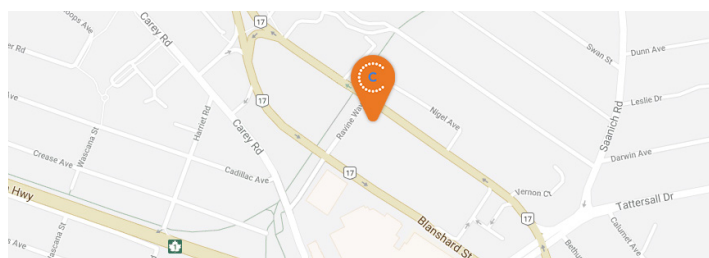
¹ Chung F et al J Clin. Sleep Med. Sept 2014. <http://www.stopbang.ca/osa/screening.php>

LOCATIONS



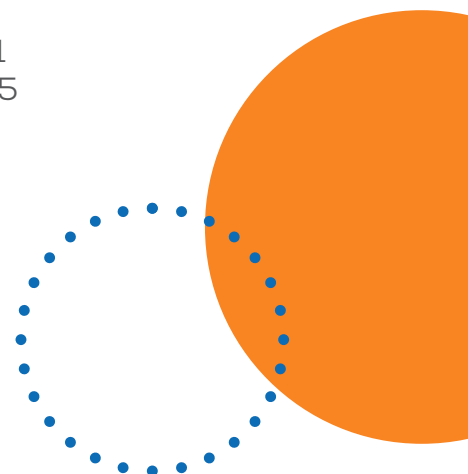
BURNABY

#107-3823 Henning Drive
Burnaby, BC V5C 6P3
FAX: 604-291-6939
PH: 604-298-5944



VICTORIA

3595 Ravine Way
Victoria, BC V8X 4Z1
FAX: 250-370-9365
PH: 250-370-9332



PHONE # ALL LOCATIONS: TOLL FREE: 1-888-297-7889