CareicaHealth

Referral Form

SLEEP FAX #: 1-306-271-1933
TOLL FREE PHONE #: 1-888-297-7889
EMAIL: info@careicahealth.com

Date (DD/MM/YYYY) / /

PATIENT INFORMATION

Patient Name		Email
Address		DOB (DD/MM/YYYY) / /
City/Town	Province	☐ Male ☐ Female Identifies as _____
Postal Code	Phone	PHN

SLEEP APNEA SERVICES

Please note: patients must be 18+ for sleep testing.

☐ **Level 3 Sleep Apnea Diagnostics & Treatment as Required**
Level 3 home sleep apnea test (HSAT). Consultation, PAP therapy (4/20 cm H_2O)* as recommended.

**Pressures and mode adjustment as required to optimize therapy.*

☐ **PAP Trial, Treatment or Reassessment**
Prior diagnosis required. May include HSAT and consultation. PAP therapy (4/20 cm H_2O)* as recommended.

**Pressures and mode adjustment as required to optimize therapy.*

☐ **Level 3 Sleep Apnea Diagnostics Only**

ADDITIONAL SERVICES

☐ **Cognitive Behaviour Therapy for Insomnia (CBT-I)**
If probable OSA, sleep study recommended.

☐ **Oral Appliance Therapy (OAT)**
Prior diagnosis or sleep study required.

☐ **Registered Dietitian Counselling**

PATIENT MEDICAL INFORMATION

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

Reason for referral or previous sleep disorder diagnosis

Other (e.g. medication and conditions)

OXYGEN | O_2 FAX #: 1-306-651-1242

☐ **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	

Your trusted sleep and oxygen care provider

Sleep apnea & snoring

CPAP therapy Oral appliance therapy

Dietitian services for sleep

Insomnia & poor sleep

Cognitive behavioural therapy for insomnia (CBT-I)

Oxygen

Home and Portable Oxygen Therapy

Respiratory Equipment and Supplies

Find a location near you
CareicaHealth.com/locations