

Referral Form

SLEEP FAX #: 1-780-498-2729
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	<input type="checkbox"/> Male <input type="checkbox"/> Female Identifies as _____
Postal Code	Phone	PHN
SLEEP APNEA SERVICES		ADDITIONAL SERVICES
<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 home sleep apnea test (HSAT). Consultation, PAP therapy (4/20 cm H₂O)* as recommended.</p> <p><small>*Pressures and mode adjustment as required to optimize therapy.</small></p> <p><input type="checkbox"/> PAP Trial, Treatment or Reassessment Prior diagnosis required. May include HSAT and consultation. PAP therapy (4/20 cm H₂O)* as recommended.</p> <p><small>*Pressures and mode adjustment as required to optimize therapy.</small></p> <p><input type="checkbox"/> Level 3 Sleep Apnea Diagnostics Only</p>		<p><input type="checkbox"/> Cognitive Behaviour Therapy for Insomnia (CBT-I) If probable OSA, sleep study recommended.</p> <p><input type="checkbox"/> Oral Appliance Therapy (OAT) Prior diagnosis or sleep study required.</p> <p><input type="checkbox"/> Registered Dietitian Counselling</p>
PATIENT MEDICAL INFORMATION		
<p><input type="checkbox"/> Significant cardiopulmonary disease (e.g. heart failure, severe COPD)</p> <p><input type="checkbox"/> Respiratory muscle weakness due to neuromuscular conditions</p> <p><input type="checkbox"/> History of stroke</p> <p><input type="checkbox"/> Chronic opioid medication use</p>		
Reason for referral or previous sleep disorder diagnosis		
Other (e.g. medication and conditions)		
OXYGEN O ₂ FAX #: 1-780-461-1557		
<p><input type="checkbox"/> Home oxygen assessment & treatment as required ABG and/or PFT will be completed per provincial guidelines. If oxygen therapy indicated, oxygen will be initiated to maintain SpO₂ > 89%.</p>		
PHYSICIAN INFORMATION		
Physician Name		Clinic Name
Address		Practice ID#
City/Town		Phone
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



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