

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	☐ Male ☐ Female	Identifies as _____
Postal Code	Phone	PHN	
SLEEP APNEA SERVICES		ADDITIONAL 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 H₂O)* as recommended. <i>*Pressures and mode adjustment as required to optimize therapy.</i> ☐ PAP Trial, Treatment or Reassessment Prior diagnosis required. May include HSAT and consultation. PAP therapy (4/20 cm H₂O)* as recommended. <i>*Pressures and mode adjustment as required to optimize therapy.</i> ☐ Level 3 Sleep Apnea Diagnostics Only		☐ 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 #: 1-780-461-1557			
☐ 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%.			
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



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