

Date (DD/MM/YYYY) / /

Referral Form

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
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<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. <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. <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>
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PATIENT MEDICAL INFORMATION

<input type="checkbox"/> Significant cardiopulmonary disease (e.g. heart failure, severe COPD)	<input type="checkbox"/> History of stroke
<input type="checkbox"/> Respiratory muscle weakness due to neuromuscular conditions	<input type="checkbox"/> Chronic opioid medication use
Reason for referral or previous sleep disorder diagnosis	
Other (e.g. medication and conditions)	

OXYGEN | O₂ FAX #: 1-587-822-2608

<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 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



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