

SLEEP DISORDER REFERRAL FORM

Please fax this form to: 780-487-3045

PLEASE CHOOSE ONE OF:

APNEA FAST TRACK™

In-home sleep study followed by APAP therapy for Obstructive Sleep Apnea (OSA) and/or Sleep Medicine consultation as indicated

IN-CLINIC LEVEL 1 (FULL POLYSOMNOGRAPHIC) SLEEP STUDY

(not covered by AHC)

IN-HOME SLEEP STUDY FOR OSA

REQUEST FOR CONSULTATION

Sleep medicine Consultation and Sleep Testing (as indicated)

PATIENT INFORMATION

Name _____

AHCIP Number _____

Home Phone _____

Work Phone _____

Date of birth _____ Age _____

Height _____ Weight _____ Gender: M F

Address _____

City _____ Postal Code _____

Email _____

HISTORY OF SLEEP PROBLEMS

- | | |
|---|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Cataplexy |
| <input type="checkbox"/> Restless Legs Syndrome | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Witnessed Apneas | <input type="checkbox"/> Periodic Limb Movements |
| <input type="checkbox"/> Shift Work | <input type="checkbox"/> Frequent Awakenings |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Past sleep study (please send) |
| <input type="checkbox"/> Sleepwalking/Nightmares | <input type="checkbox"/> Other _____ |

REFERRING PHYSICIAN

Physician Name _____

Phone _____

Fax _____

PRACID # _____

Address _____

City _____ Postal Code _____

Clinic Email _____

MEDICAL CONDITIONS

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> MI/CAD | <input type="checkbox"/> Hypertension | <input type="checkbox"/> GERD |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> Asthma/COPD |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> CHF | <input type="checkbox"/> Cardiac Arrhythmia |

HISTORY AND PHYSICAL INFORMATION

MEDICATIONS

PHYSICAL FINDINGS (Such as mallampati score)

SPECIAL NEEDS (i.e. assistance moving, difficulty communicating)

