MedSleep

British Columbia

General Phone: 1-877-855-7431 • General Fax: 1-844-652-7386
General email: bc@medsleep.com • www.medsleep.com

LOCATION:

- ☐ Burnaby
- ☐ Campbell River*
- ☐ Cowichan
- ☐ Maple Ridge
- ☐ Nanaimo*
- ☐ Nelson*
- ☐ North Vancouver
- ☐ Penticton*
- ☐ Prince George*
- ☐ Sidney
- ☐ Vancouver
- ☐ Victoria / Langford

* These clinics also offer PSG Lab services

PLEASE CHOOSE ONE OF:

☐ **REQUEST FOR CONSULTATION**

☐ **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** *Covered by MSP)*
Sleep Consultation performed prior to testing

☐ **ELECTIVE** ☐ **URGENT**

PATIENT INFORMATION

Name _____
PHN _____
Primary Phone _____
Secondary Phone _____
Date of birth _____ Age _____
Height _____ Weight _____ Gender ☐ M ☐ F
Address _____
City _____ Postal Code _____

HISTORY OF SLEEP PROBLEMS

- ☐ Snoring
- ☐ Witnessed Apneas
- ☐ Excessive Daytime Sleepiness
- ☐ Cataplexy
- ☐ Restless Legs Syndrome
- ☐ Periodic Limb Movements
- ☐ Insomnia
- ☐ Frequent Awakenings
- ☐ Sleepwalking/Confusional Arousal
- ☐ Shift Work
- ☐ Past Sleep Study (*please send*)
- ☐ Other _____

REFERRING PHYSICIAN

Physician Name _____
Phone _____
Fax _____
Billing # _____
Address _____
City _____ Postal Code _____

MEDICAL CONDITIONS

- ☐ MI/CAD
- ☐ Hypertension
- ☐ GERD
- ☐ Fibromyalgia
- ☐ Mood Disorder
- ☐ Anxiety Disorder
- ☐ Diabetes
- ☐ Stroke
- ☐ Asthma/COPD
- ☐ Chronic Pain
- ☐ CHF
- ☐ Cardiac Arrhythmia

HISTORY AND PHYSICAL INFORMATION

_____
_____
_____

MEDICATIONS

_____
_____
_____

PHYSICIAN'S SIGNATURE: _____ Date: _____

☐ *PLEASE CHECK IF YOU WOULD LIKE US TO SEND YOU MORE REFERRAL FORMS.*