



# Sleep Disorder Referral Form

ACCREDITED WITH THE COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA



FOUND ON MOST EMR SYSTEMS AND DOWNLOADABLE AT [WWW.SLEEPTHERAPEUTICS.CA](http://WWW.SLEEPTHERAPEUTICS.CA)

## PATIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

PHN#: \_\_\_\_\_ DOB: mm/dd/yyyy \_\_\_\_\_

## SLEEP APNEA TESTING AND TREATMENT OPTIONS

- Level III / PAT Sleep Study, CPAP/APAP/Bilevel therapy if indicated
- Sleep Consult, Level III / PAT sleep study only
- Existing CPAP/APAP patient requiring follow-up

### ADDITIONAL OPTIONS

- Positional Therapy
- Existing CPAP patient requiring follow up care
- CBT for Primary Insomnia
- PFT (provided by external partner)

### PATIENT COMORBIDITIES

- Anxiety/Depression
- Hypertension
- Type 2 Diabetes
- AFIB
- Metabolic Syndrome
- COPD

### Additional information / Special instructions / Potential contraindications

## CLINIC INFORMATION

Physician Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Stamp:

### Fax Referral To:

CLINIC NAME:	LOCATION:	ADDRESS:	PHONE / FAX:
Ellwood	Edmonton South	#215 236 91 St.	780.760.0075 / 780.760.0073
Callingwood	Edmonton West	#305 6650 177 St.	780.487.5355 / 780.487.9904
Hudson	Edmonton North	14066 127 St.	780.758.0020 / 780.758.0123
Keswick	Edmonton Southwest	#203 1055 Keswick Dr.	825.480.7473 / 825.480.1999
Synergy	Sherwood Park	#217 501 Bethel Dr.	780.467.3727 / 780.467.3725
Wetaskiwin	Wetaskiwin	5109 50 Ave.	780.387.8762 / 587.651.6593
Calgary Main	Calgary Region	#306, 30 Springborough Blvd	403.730.2494 / 403.730.2494

# SLEEP-SAFR SCREENER

## Section A: Previous history of sleep apnea or CPAP Therapy

Patient has been previously tested and/or has been diagnosed with sleep apnea

Patient has been previously tested with a mild result. Repeat sleep study for insurance

Patient previously on CPAP therapy - discontinued therapy

If any boxes are checked, a sleep study is recommended

## Section B: Comorbidities

Patient has been diagnosed and/or is being treated for:  
(check all that apply)

Hypertension

Type 2 Diabetes

AFIB

If any boxes are checked, a sleep study is recommended

## Section C:

Family History of Sleep Apnea

Snoring indicated

Patient wants CPAP for snoring

If any TWO boxes are checked, a sleep study is recommended

## Section D: Category 1 - questions 1-4

2 or more positive answers in this category = positive category. Positive answers are shaded/highlighted.

1. Do you snore?  Yes  No  Don't know

If you snore:

2. Your snoring is:

Slightly louder than breathing

As loud as talking

Louder than talking

Very loud. Can be heard in adjacent rooms

3. How often do you snore?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

4. Has your snoring bothered other people?

Yes

No

## Category 2 - questions 5-8

2 or more positive answers in this category = positive category. Positive answers are shaded/highlighted.

5. Has anyone noticed that you quit breathing in your sleep?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

6. How often do you feel tired or fatigued after your sleep?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

7. During your wake time, do you feel tired, fatigued, or not wake up to par?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

8. Have you ever nodded off or fallen asleep while driving a vehicle?

Yes

No

If yes, how often does this occur?

Nearly every day

3-4 times a week

1-2 times a week

1-2 times a month

Never or nearly never

## Sleep Study Evaluation

Sleep Study is recommended if the following:

1. If BMI is greater than 40
2. If any box is checked in Sections A-B, sleep study is recommended
3. If any two boxes in Section C are checked
4. If Section D has two positive categories (shaded/highlighted answers)