



PATIENT RESPIRATORY REFERRAL

PATIENT INFORMATION

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal: _____ Phone: _____ Sex: M F

DOB: _____ Email: _____

SLEEP DISORDERS ASSESSMENT

Symptoms:

- Excessive Daytime Fatigue
- Gasping / Choking During Sleep
- Morning Headaches
- Frequent Awakening / Urination
- Unrefreshed Sleep
- Loud Snoring

Oxygen:

- Oxygen Assessment
- Oxygen Therapy
- PRESCRIPTION:** Oxygen Flow 1-5 LPM
- BI-PAP THERAPY

Co-morbidity:

- HyperTension
- Obesity
- Depression
- Gout
- CHF

NOTES:

Sleep Apnea Diagnostics (Level III)

If positive for Sleep Disorders, proceed to Auto CPAP trial and enter into **"Care For Life"** long term compliance program.

PRESCRIPTION: CPAP to treat OSA with pressure between 4 - 20cm H2O indefinitely

OR Specify Pressure Range _____ to _____ cm H2O

PHYSICIAN INFORMATION

Name: _____ Date: _____

Signature: _____ Clinic: _____

Prac ID: _____ Phone: _____ Fax: _____

9 CONVENIENT GREATER VANCOUVER LOCATIONS

LADNER

5249 Ladner Trunk Rd
Delta, BC. V4K 1W4
T. (778) 620-2235
F. (778) 620-2236

NORTH VANCOUVER

150-3650 Mt. Seymour Pkwy
North Vancouver, V7P 2Y5
T. (604) 210-8456
F. (604) 210-8458

LANGLEY

500-22259 48th Ave
Langley, BC. V3A 8T1
T. (778) 621-2011
F. (778) 621-2012

ABBOTSFORD

30-32700 South Fraser Way
Abbotsford, BC. V2T 4M5
T. (778) 771-0169
F. (604) 744-0331

MISSION

250-32530 Lougheed HWY
Mission, BC. V2V 1A5
T. (236) 437-2001
F. (236) 437-2002
F. (604) 286-0061

NORTH VANCOUVER

1242 Marine Dr
North Vancouver, BC. V7P 1T2
T. (778) 488-5346
F. (778) 488-9342
F. (604) 914-2189

PANORAMA SURREY

E105 -15161 56 Ave
Surrey, BC. V3S 9A5
T. (778) 624-2004
F. (778) 624-2005

WALNUT GROVE

C105-20159 88th Ave
Langley, BC. V1M 0A4
T. (778) 621-2162
F. (604) 371-0687

MAPLE RIDGE

620-20395 Lougheed HWY
Maple Ridge, BC. V2X 2P9
T. (778) 619-2002
F. (778) 619-2003
F. (604) 481-0164

PLEASE FAX REFERRAL DIRECTLY TO A CLINIC OR EMAIL TO: info@snoremdcanada.ca | www.SnoreMDcanada.ca