



# Sleep Services Referral

Edmonton Fax: 1-780-989-5499

Grande Prairie Fax: 1-780-814-5593

www.sleepmedix.com

### Patient Information

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

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M / F  
YY MM DD

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

AHC Number: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Date Referral Sent: \_\_\_\_\_

### Clinic Information

Clinic Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

PRACID: \_\_\_\_\_

When contacting this clinic please call:

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Primary Care Physician if different than above:

Dr. Name: \_\_\_\_\_

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

## Sleep and Respiratory Services

### Sleep Services

- Home Sleep Study (HSAT – Level 3)
- Auto CPAP Titration: \_\_\_ to \_\_\_ cmH2O (2-4 weeks)
- CPAP Therapy: \_\_\_ cmH2O
- Auto CPAP Therapy: \_\_\_ to \_\_\_ cmH2O
- Overnight Oximetry
- Other: \_\_\_\_\_

### Medical Conditions

- |  |  |
|--|--|
| <input type="checkbox"/> Hypertension          | <input type="checkbox"/> CHF                 |
| <input type="checkbox"/> Neuromuscular Disease | <input type="checkbox"/> Asthma / COPD       |
| <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Cardiac Arrhythmias |
| <input type="checkbox"/> Depression            | <input type="checkbox"/> Chronic Pain        |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Other: _____        |

### Referral Assistance (travel may be required)

- Sleep Specialist - Comprehensive Sleep Assessment
- Respirologist
- Dental Appliance Therapy Consultation

### Sleep Related Concerns

- |   |  |
|---|--|
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Drowsy Driving      |
| <input type="checkbox"/> Morning Headaches            | <input type="checkbox"/> Sleep Walking       |
| <input type="checkbox"/> Frequent Awakenings          | <input type="checkbox"/> Insomnia            |
| <input type="checkbox"/> Witnessed Apneas             | <input type="checkbox"/> Shift Work          |
| <input type="checkbox"/> Snoring                      | <input type="checkbox"/> Professional Driver |
| <input type="checkbox"/> Other: _____                 |  |

### Locations:

**Edmonton South**  
Unit 173 - 4211 106 St NW  
Edmonton, AB, T6J 6P3  
Phone: 780.989.5440

**Edmonton Allin Clinic**  
Unit 101 - 10155 120 St NW  
Edmonton, AB, T5K 2A2  
Phone: 780.989.5440

**Grande Prairie**  
Unit 104 - 10814 100 St  
Grande Prairie, AB, T8V 2M8  
Phone: 780.814.5563

Dr. Signature: \_\_\_\_\_

\*Considered a valid prescription when signed by a physician