



Downloadable forms at  
[www.sleeptherapeutics.ca](http://www.sleeptherapeutics.ca)

## Sleep Disorder Referral Form

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Level III Sleep Study, CPAP/APAP therapy if indicated | <input type="checkbox"/> CBT for Primary <b>Insomnia</b>     |
| <input type="checkbox"/> Sleep Consult, Level III sleep study                  | <input type="checkbox"/> <b>New Positional Therapy</b>       |
| <input type="checkbox"/> Existing CPAP patient requiring follow up care        | <input type="checkbox"/> <b>Registered Dietitian Consult</b> |
|  | <input type="checkbox"/> <b>Shift Work Consult</b>           |

### Additional Information:

\_\_\_\_\_  
\_\_\_\_\_

Doctor / Practitioner (print): \_\_\_\_\_

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

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

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### Fax Referral To:

- **Calgary - Brentwood Clinic**  
Fax/Phone: 403.730.2494



Convenient online patient care available

**TELE SLEEP**  
A SECURE TELEHEALTH PLATFORM

## **STOP-Bang Scoring Model:**

A Tool to Screen Obstructive Sleep Apnea.

**Name:** \_\_\_\_\_

### **1. Snoring**

Do you **S**nore loudly (louder than talking or loud enough to be heard through closed doors)?    Yes        No

### **2. Tired**

Do you often feel **T**ired, fatigued or sleepy during daytime?  
Yes        No

### **3. Observed**

Has anyone **O**bserved you stopping breathing during your sleep?  
Yes        No

### **4. Blood Pressure**

Do you have or are you being treated for high blood **P**ressure?  
Yes        No

### **5. Body Mass Index**

**B**MI more than 35kg/m<sup>2</sup>?  
Yes        No

### **6. Age**

**A**ge over 50 years old?  
Yes        No

### **7. Neck circumference**

**N**eck circumference greater than 40cm / 16 inches  
Yes        No

### **8. Gender**

**G**ender-male?  
Yes        No

**TOTAL:** \_\_\_\_\_

**High risk of OSA** - 'yes' to three or more items

**Low risk of OSA** - 'yes' to less than three items

Chung, F., Yegneswaran, B., Liao, P., Chung, S. A., Vairavanathan, S., Islam, S., Khajehdehi, A., and Shapiro, C. M. STOP Questionnaire A Tool to Screen Obstructive Sleep Apnea. *Anesthesiology* 108, 812-821. 2008.