



**CLINIC:**

Edmonton South (Ellwood)  
Edmonton West (Callingwood)  
Edmonton North (Hudson)  
Sherwood Park  
Wetaskiwin

**ADDRESS:**

#215 236 91 St.  
#305 6650 177 St.  
14066 127 St.  
#217 501 Bethel Dr.  
5109 50 Ave.

**PHONE / FAX:**

780.760.0075 / 780.760.0073  
780.487.5355 / 780.487.9904  
780.758.0020 / 780.758.0123  
780.467.3727 / 780.467.3725  
780.387.8762 / 587.651.6593

**ALBERTA NORTH - SLEEP THERAPEUTICS**

SLEEP DISORDER AND APNEA REFERRAL FORM

**PATIENT INFORMATION**

Last Name:		First Name:	
Address:			Phone:
City:Edmonton	Province: Alberta	Postal Code:	
PHN#:	DOB: mm/dd/yyyy	Gender:	
Contact Name:		Contact Phone:	

**SLEEP APNEA TESTING AND TREATMENT OPTIONS**

- Level III home sleep apnea test and CPAP/APAP therapy if indicated in sleep study interpretation
- Level III home sleep apnea test only
- Existing CPAP/APAP patient requiring follow-up

**ADDITIONAL OPTIONS**

- CBT for Insomnia/AASM Recognized HSAT
- Sleep Solutions Consultation
- Positional Therapy
- PFT (provided by external partner)
- Other:

**PATIENT COMORBIDITIES**

- Anxiety/Depression
- Hypertension
- Metabolic Syndrome
- COPD

**ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS/POTENTIAL CONTRADICTIONS**

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**CLINIC INFORMATION**

Clinic Name:	<b>CLINIC STAMP:</b>
Physician Name (Print): Dr. P. Hajiazim	
Practitioner ID#:	
Signature:	
Phone:                      Fax:	
Date:	

**ACCREDITED WITH THE COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA**

This form is available on the following software platforms: MedAccess, Wolf, Health Quest, Accuro, AVA, JUNO

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sleeptherapeutics.ca and/or contact absales@sleeptherapeutics.ca.