



CLINIC:

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

ADDRESS:

#215 236 91 St.
 #305 6650 177 St.
 14066 127 St.
 #203 1055 Keswick Dr SW
 #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
 825.480.7473 / 825.480.1999
 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:	Province:	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

CLINIC INFORMATION

Clinic Name:	CLINIC STAMP:
Physician Name (Print):	
Practitioner ID#:	
Signature:	
Phone: Fax:	
Date:	

ACCREDITED WITH THE COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA

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