



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			
<input type="checkbox"/> Level III home sleep apnea test and CPAP/APAP therapy if indicated in sleep study interpretation <input type="checkbox"/> Level III home sleep apnea test only <input type="checkbox"/> Existing CPAP/APAP patient requiring follow-up			
ADDITIONAL OPTIONS		PATIENT COMORBIDITIES	
<input type="checkbox"/> CBT for Insomnia <input type="checkbox"/> Sleep Solutions Consultation <input type="checkbox"/> Positional Therapy <input type="checkbox"/> PFT (provided by external partner)		<input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Hypertension <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> COPD	
ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS/POTENTIAL CONTRADICTIONS			
CLINIC INFORMATION			
Clinic Name:		CLINIC STAMP:	
Physician Name (Print):			
Practitioner ID#:			
Signature:			
Phone:	Fax:		
Date:			

CLINIC NAME:	LOCATION:	ADDRESS:	PHONE / FAX:
Ellwood	Edmonton South	#215 236 91 St.	780.760.0075 / 780.760.0073
Callingwood	Edmonton West	#305 6650 177 St.	780.487.5355 / 780.487.9904
Hudson	Edmonton North	14066 127 St.	780.758.0020 / 780.758.0123
Keswick	Edmonton Southwest	#203 1055 Keswick Dr.	825.480.7473 / 825.480.1999
Synergy	Sherwood Park	#217 501 Bethel Dr.	780.467.3727 / 780.467.3725
Wetaskiwin	Wetaskiwin	5109 50 Ave.	780.387.8762 / 587.651.6593
Calgary Main	Calgary Region	#306, 30 Springborough Blvd	403.730.2494 / 403.730.2494

****PLEASE FAX TO ONE OF THE CLINICS ABOVE****

ACCREDITED WITH THE COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA