

Sleep Services Referral

Fax: 1-877-221-9327

Tel: 1-855-852-2989

www.aveirosleep.com

Patient Information

Last Name: _____

First Name: _____

DOB: ____ / ____ / ____ Gender: M / F
YY MM DD

Home Address: _____

AHC Number: _____

Preferred Contact Number: _____

Alternate Number: _____

Occupation: _____

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)
- CPAP Trial / Treatment
- Overnight Oximetry (Pediatric - Fort McMurray only)

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 |

Referral Assistance (travel may be required)

- Sleep Specialist - Comprehensive Sleep Assessment
- Respiriologist
- Dental Appliance Therapy Consultation
- Routine PFT (Calgary only)

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: _____ | |

Aveiro Family of Locations:

Bonnyville · Calgary · Cold Lake · Drayton Valley · Drumheller · Edson · Fort McMurray
Hinton · Lloydminster · Okotoks · Olds · Red Deer · Rocky Mountain House · Slave Lake
Spruce Grove · Three Hills · Wainwright · Westlock · Whitecourt

Dr. Signature: _____

*Considered a valid prescription when signed by a physician