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www.cansleepservices.com

Sleep Disordered Breathing Referral Form

PT. NAME: _____ DATE: _____

PHONE: _____ DOB: _____

Sleep Apnea Symptoms - please check all boxes that apply

- Excessive Daytime Sleepiness/Fatigue
- Loud Snoring
- Witnessed Apneas, Gasping/Choking at night

Work Up

- Overnight Oximetry on room air
- Portable Home Sleep Study (fee may apply)

Treatment Options

- CPAP Trial @ _____ cm H2O
- BIPAP Trail @ _____ - _____ cm H2O
- CPAP and Mask review and advice
- Custom Oral Appliance Therapy
(Dr. Halstrom Sleep Apnea and Snoring Clinic @ Cansleep Coquitlam Office)
- Insomnia Counseling Services with Certified Clinical Counselor
- Weight and Lifestyle Counseling

Comments

PATIENT NEEDS OFFICIAL PRESCRIPTION FOR CPAP TRIAL FOR INSURANCE COVERAGE

PHYSICIAN: _____ T: _____

SIGNATURE: _____ F: _____

Dr's Stamp

Main Office Coquitlam: 400-2963 Glen Drive, Coquitlam BC
2nd office: Glover Road Medical Clinic, 101-5796 Glover Rd., Langley BC
(please call main office for appointment)