

# CONSULTATION REQUEST



**CURESLEEP**  
SOLUTIONS  
THE CURE TO BETTER SLEEP

780 665 1500



780 665 1511



1-367 St albert trail  
st albert T5N0R1 Canada

DATE: \_\_/\_\_/\_\_

URGENT

## PATIENT INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female

DOB: \_\_/\_\_/\_\_ AHN: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## REFERRING PHYSICIAN

Name: \_\_\_\_\_

PRACID#: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_

## DIAGNOSTICS AND TREATMENT

Sleep Apnea/SDB Diagnostics (HSAT)<sup>1</sup>

HSAT with independent specialist interpretation to confirm or rule out a diagnosis. Includes a prescription for treatment, which may include CPAP, Oral Appliance, Positional, Lifestyle and/or a referral to a sleep specialist - if indicated.

CPAP Treatment (requires a record of diagnosis)

Reassessment of CPAP Treatment

Oral Appliance Therapy Consultation

Pre/Post Surgical or Oral Appliance Therapy HSAT\*

## BEHAVIOURAL CHANGE

Insomnia Treatment\*

## REQUEST FOR CONSULTATION

Sleep medicine Consultation and Sleep Testing (as indicated)

IN-HOME SLEEP STUDY FOR OSA

## REASON FOR REFERRAL

Snoring/Witnessed Apneas  Difficulties Falling Asleep  Difficulties Staying Asleep

Restless Legs Syndrome  Excessive daytime sleepiness  Shift Work

Nightmares  Sleep Walking/Terror  Sleep Apnea Management

Violent behaviour in sleep/Dream enactment

OTHER: \_\_\_\_\_