



# Pacific Sleep Care

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Courtenay fax: 250-334-0758  
Campbell River fax: 250-914-5051  
www.pacificsleep.ca

Patient's Name: \_\_\_\_\_

PHN \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D YR

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

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

## Obstructive Sleep Apnea

### Test Requested:

- Level 3 Home Sleep Screening (no charge to patient)  
(includes oximetry, nasal air flow, resp. effort, snoring)
- Auto PAP Reassessment

### Therapeutic Options:

- CPAP
- Auto CPAP
- Dental Sleep Consultation
- Oral Appliance Therapy
- Replacement CPAP/APAP

### Symptoms

- Snoring
- Insomnia
- Witnessed Apneas
- Excessive Daytime Fatigue
- Excessive Daytime Sleepiness
- Restless Legs Syndrome
- Other \_\_\_\_\_

### Medical Conditions

- MI/CAD
- Seizures/Epilepsy
- GERD
- Fibromyalgia
- Mood Disorder
- Anxiety Disorder
- Hypertension
- Diabetes
- Stroke
- Asthma/COPD
- Chronic Pain
- CHF
- Cardiac Arrhythmia

### Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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

Billing #: \_\_\_\_\_

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

**(INTERPRETATION OF LEVEL 3 STUDIES PROVIDED BY QUALIFIED SLEEP SPECIALISTS)**