



Addressograph

# Home Respiratory Referral

## Patient Information

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

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

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Health Insurance #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Family Contact Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Other: \_\_\_\_\_  Male  Female

### Sleep Apnea Assessment (optional)

Refer for assessment if 3 boxes are checked

#### SYMPTOMS / COMORBIDITIES

- Loud disruptive snoring
- Witnessed Apneas
- Excessive daytime sleepiness
- Wake up unrefreshed / excessive daytime fatigue
- Large neck size (>17" in men OR >16" in women)
- BMI > 30

#### PAST MEDICAL HISTORY

- Hypertension
- Diabetes
- Metabolic Syndrome
- Arrhythmias, CAD, Hx CVA
- Coronary Artery Disease
- Cardiovascular Disease
- COPD
- Anxiety/Depression

### Home Oxygen Referral

- Oxygen Assessment:
- Overnight Oximetry

### Rx

#### “Ask us About” our RX on

- Med Access
- Nightingale
- Accuro
- Practimax

### Sleep Apnea Diagnostics and Treatment

#### REFERRAL:

Please check one of the following:

- Level 3 Sleep Study and AutoPAP Trial/Treatment
- CPAP/APAP Therapy  Bi level  A Servo-Ventilation
- Consultation with Dr. Gosia Phillips  
Sleep Medical Specialist

### Clinic Name and Contact

### Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have obtained written consent from the patient agreeing to the collection, use and disclosure of his/her information to VitalAire Canada Inc.

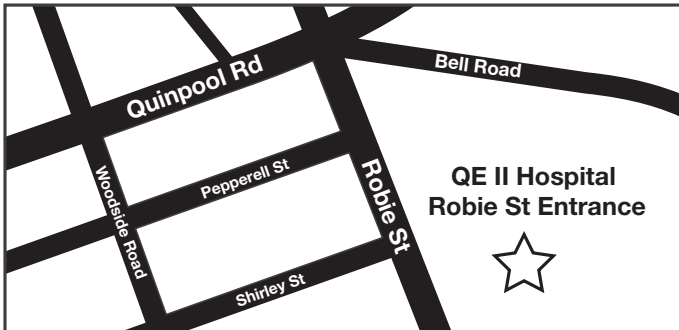
Physician/Professional Name: \_\_\_\_\_ Date: M / D / Y \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fax: 1 866 489 0202 OR Phone: 1 800 361 5939**

**Client Care locations on back**

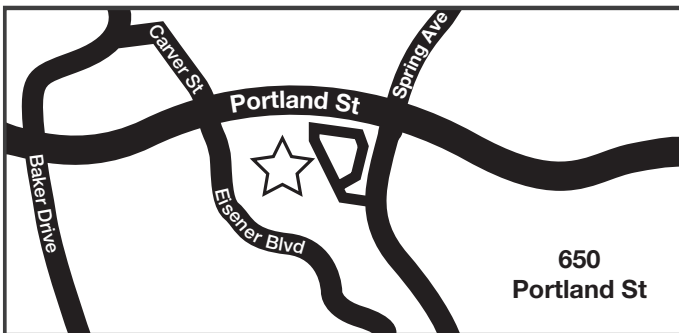
# Locations to serve our clients



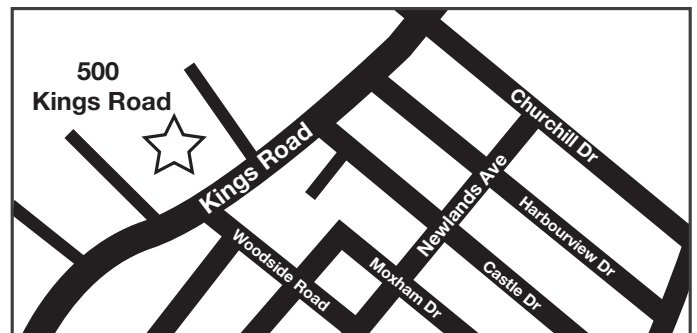
**HALIFAX:** QE II Hospital Robie Street Entrance  
Halifax, NS B3H 3G1  
Phone: (902) 450-5162



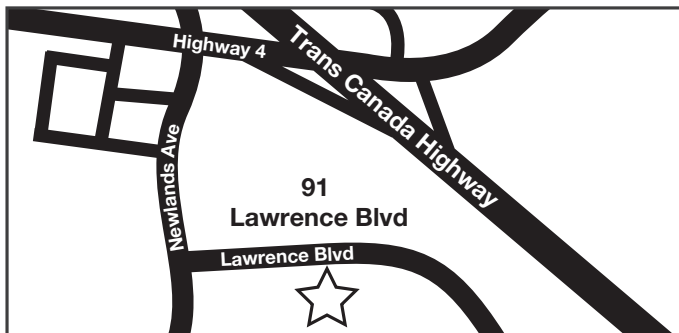
**ANTIGONISH:** 133 Church St  
Antigonish NS B2G 2E4  
Phone: (902) 867 0413



**DARTMOUTH:** 650 Portland Street, Unit 115A  
Dartmouth, NS, B2W 6A3  
Phone: (902) 450-5162



**SYDNEY:** 500 Kings Road Unit 104  
Sydney, NS B1S 1B1  
Phone: (902) 539-3660



**STELLARTON:** 91 Lawrence Blvd. Unit 1D  
Stellarton, NS B0K 1S0  
Phone: (902) 752-4117