



Patient's Label

SLEEP AND RESPIRATORY REFERRAL

FAX TO 1 866-812-0202 or PHONE 1 800-637-0202
www.vitalaire.ca

Patient information

Last Name: First Name: Male Female
Address:
City: Prov: Postal Code:
Phone: PHN# DOB: MM/DD/YYYY
Alternate Contact Name: Alternate Contact Phone:
Diagnosis:

Sleep Apnea Testing and Treatment

DIAGNOSTICS
Level 3 Sleep Study Interpretation
Level 3 Sleep Study & initiate CPAP therapy if test results indicate Obstructive Sleep Apnea (APAP 4-20 cmH2O)
Initiate CPAP therapy (requires previous diagnosis)
Approved CPAP provider for Ministry of Citizens' Services and the Ministry of Social Development and Poverty Reduction

STOP BANG QUESTIONNAIRE:
Snoring - loud and disruptive
Tired - Excessive daytime sleepiness
Observed - Breathing pauses of choking/gasping during sleep
Pressure - Treated for High Blood Pressure
Body Mass Index > 35kg/m2
Age older than 50
Neck size (>17" for men OR >16" for women)
Gender = male
Comorbidities
Hypertension
Diabetes
Metabolic Syndrome
CHF
Other

Home Oxygen Therapy

Testing: Patients requiring home oxygen assessment for the Provincial Home Oxygen Program: refer to your local outpatient clinic for qualification testing.
Patients not meeting Home Oxygen Program qualifying criteria are eligible for Private Pay Option with physician Rx:
Rx: Initiate O2 therapy to maintain SpO2 > 89% or _____ LPM
VitalAire is the Primary Home Oxygen Program Provider in BC to the Provincial Home Oxygen Program
* Oxygen Services provided on Vancouver Island by VitalAire's partner RHS

Special Instructions

Special Instructions text area

Physician/Referrer Name:
Physician Signature: (required)
Date: MM/DD/YYYY

Clinic Stamp