VitalAire Home Healthcare

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

Patient's Label

SLEEP AND RESPIRATORY REFERRAL

FAX TO 1 866-812-0202 or PHONE 1 833-904-AIRE (2473)
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:

☐ **S**noring - loud and disruptive
☐ **T**ired - Excessive daytime sleepiness
☐ **O**bserved - Breathing pauses of choking/gasping during sleep
☐ **P**ressure - Treated for High Blood Pressure
☐ **B**ody Mass Index > 35kg/m2
☐ **A**ge older than 50
☐ **N**eck size (>17" for men OR >16" for women)
☐ **G**ender = 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

Physician/Referrer Name: _____

Physician Signature: (required) _____

Date: MM/DD/YYYY _____

Clinic Stamp