



Addressograph

**HOME RESPIRATORY REFERRAL**

**FAX TO 1-306-652-2377 or PHONE 1-800-252-9384**

**Patient information**

Last Name:		First Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:					
City:		Prov:	Postal Code:		
Phone:		HC#	DOB: MM/DD/YYYY		
Contact Name:			Contact Phone:		
Diagnosis:					

**Referral Source Information**

Last name:	First name:	Tel:	License #:
Facility or Address:			

**Home Oxygen Assessment & Setup**

Home Oxygen Assessment (this may include ABG and/or oximetry at rest, exertion and/or nocturnal on room air)

Initiate O2 therapy to maintain SpO2 > 89% | or \_\_\_\_\_ LPM or

Initiate O2 therapy

Rest:	lpm	h/day
Exertion:	lpm	h/day
Nocturnal:	lpm	h/day

**Sleep Apnea Testing and Treatment**

<input type="checkbox"/> Level 3 Sleep Study & APAP treatment and/or referral to sleep specialist if indicated in the interpretation <input type="checkbox"/> CPAP/APAP Therapy <input type="checkbox"/> Other	<b>Comorbidities:</b> <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Metabolic Syndrome <input type="checkbox"/> StopBang at the back
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I have obtained written consent from the patient agreeing to the collection, use and disclosure of his/her information to VitalAire Canada Inc.

**Special Instructions**

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

Practitioner ID #: (required) \_\_\_\_\_

Physician Signature: (required) \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

Clinic Stamp

# STOP-BANG QUESTIONNAIRE

3 Yes or more indicates a risk of OSA

YES  NO

**S**noring? Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?

YES  NO

**T**ired? Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?

YES  NO

**O**bserved? Has anyone Observed you Stop Breathing or Choking/Gasping during your sleep ?

YES  NO

**P**ressure? Do you have or are being treated for High Blood Pressure ?

YES  NO

**B**ody Mass Index more than 35 kg/m<sup>2</sup>? What is your height:

YES  NO

**A**ge older than 50?

YES  NO

**N**eck size large? (Measured around Adams apple) For male, is your shirt collar 17 inches/ 43cm or larger? For female, is your shirt collar 16 inches/ 41cm or larger?

YES  NO

**G**ender= Male?