



Name \_\_\_\_\_ DOB      /      /     

Address \_\_\_\_\_

Tel Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medicare \_\_\_\_\_

Reason for referral \_\_\_\_\_



## Sleep Apnea Evaluation | Therapy

Level 3 Sleep Study

### Level 3 Sleep Study with:

- 30 day CPAP/APAP titration (if study positive)
- Long term use if symptoms & AHI are corrected
- SpO2 with therapy PRN

30 Day CPAP/APAP Titration

CPAP Replacement

Review Current Therapy

Other \_\_\_\_\_

### Symptoms Presented:

- Snoring
- Observed Apneas
- Excessive Daytime Fatigue
- Morning Headaches
- Acid Reflux
- Brain Fog / Memory Loss
- Frequent Nocturnal Urination

### Known Medical History of:

- Hypertension
- Diabetes
- Heart Failure (CHF)
- Atrial Fibrillation
- Anxiety / Depression
- COPD
- BMI > 30

## Ventilation

BiLevel \_\_\_\_\_

Titrate as per RT

Prescriber \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE



### ■ CHARLOTTETOWN

T 1.902 620 7667  
F 1.844.677.7247  
charlottetown@mscrs.ca

### ■ SUMMERSIDE

T 1.902 620 7667  
F 1.844.677.7247  
summerside@mscrs.ca

