



# SLEEP & RESPIRATORY REQUISITION

Sleep Diagnostics & Therapy | Oxygen Therapy | Pulmonary Diagnostics

## Patient Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sex  M  F | Date of Birth (mm/dd/yy): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone (Daytime): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_

Patient Label

### SLEEP - NO COST AT HOME SLEEP TESTING

- Sleep Apnea & Snoring Diagnostics  
 Interpreted Home Sleep Apnea Testing (HSAT Level III)  
 May include CPAP Treatment, Oral Appliance,  
 Provent Therapy - As Indicated
- CPAP Treatment  
 Requires previous diagnosis
- Re-assessment of Treatment  
 May include HSAT. CPAP treatment - As Indicated
- Oral Appliance Therapy Consultation  
 HSAT and/or MATRx Titration PSG - As Indicated
- Other \_\_\_\_\_  
 \_\_\_\_\_  
 Insomnia, Restless Leg Syndrome, Shift Work, etc.

### OXYGEN

- Oxygen Therapy  
 Maintain SpO<sub>2</sub> > 89% | +/- ABG, PFT, HSAT, Exercise  
 Oximetry as required by AADL Funding
- Assess Oxygen Requirement  
 \_\_\_\_\_  
 \_\_\_\_\_

### DIAGNOSTICS

- Complete Pulmonary Function Test
- Spirometry
- Arterial Blood Gas (ABG)  
 <60 PaO<sub>2</sub> start O<sub>2</sub>

Medical Hx / Notes: \_\_\_\_\_  
 \_\_\_\_\_

- Snoring                       Hypertension                       Diabetes                       Cardiovascular Disease

## Referring Physician/Practitioner Information

- Please confirm receipt of fax

Clinic Stamp Including Fax #  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Prac ID: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Fax Mandatory: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Clinic: \_\_\_\_\_

- Please forward screening results to treating physician. (If checked please include the following information):

Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Clinic: \_\_\_\_\_



**RESPIRATORY HOMECARE SOLUTIONS**

1

**RED DEER**

3622 - 50 Ave, #102  
Red Deer, AB  
(403) 347-6707

2

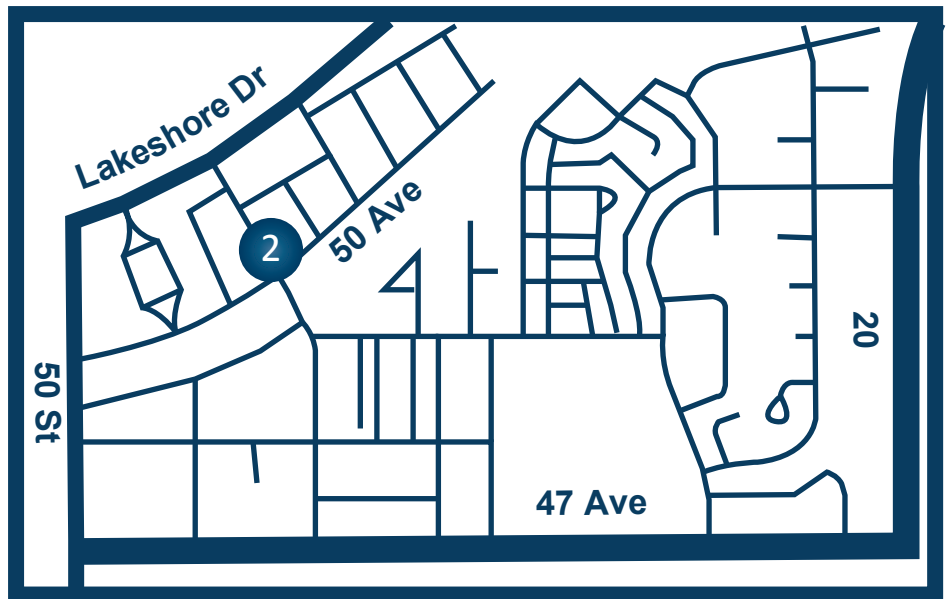
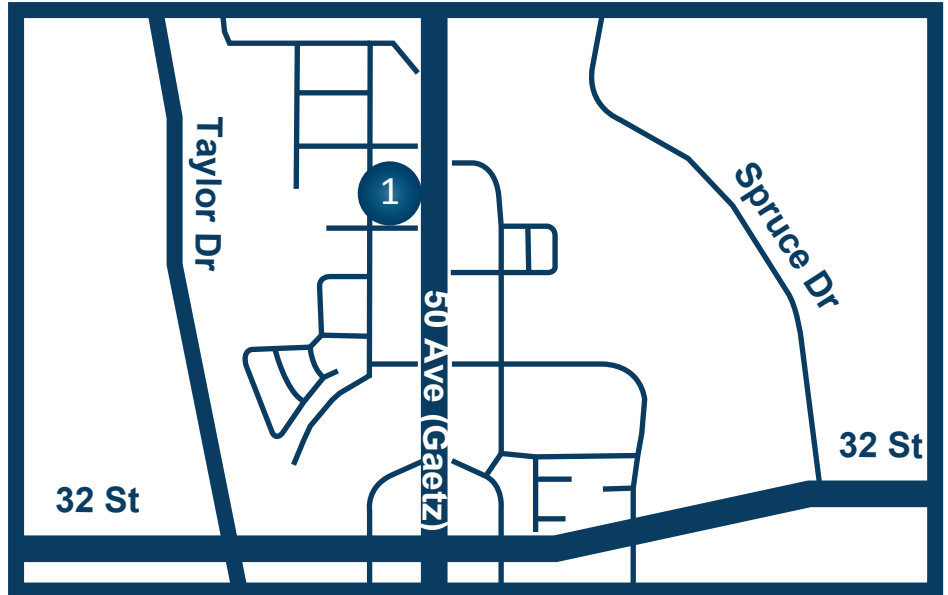
**\*SYLVAN LAKE**

5007 - 46 St, #210  
Sylvan Lake, AB  
(403) 347-6707

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**ROCKY MOUNTAIN HOUSE**

4809 47 Avenue #115  
Rocky Mountain House AB  
(403) 347-6707



**Service for life.**<sup>TM</sup>

Respiratory Homecare Solutions  
P: (403) 347-6707

**rhscanada.com**  
\*BY APPOINTMENT ONLY