



**Medical Director:** Dr. Claude Poirier  
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 1-800-727-8748



## Medical Referral

Patient
Name: _____
Date of birth: _____
Telephone: _____
Address: _____

Referring doctor
Name: _____
Date: _____
License number: _____
Address: _____

### Diagnostic Tests

- Home Sleep Test (cardio-respiratory test) with case management protocol by respirologist**  
 Case management protocol by respirologist includes: Consultation with respirologist after the diagnostic test, CPAP treatment if needed with follow up reports read by respiratory therapist.
- No case management protocol**
- Polysomnography with EEG in laboratory**  
 Split-night with CPAP study (continuous positive airway pressure) if a patient has moderate to severe sleep apnea.
- Re-evaluation of CPAP treatment**  
 CPAP titration with consultation of respirologist
- Nocturnal Oximetry (screening test)**
- Medical consultation with respirologist**

### Clinical Information

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Snoring            | <input type="checkbox"/> Observed apneas   | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Somnolence/fatigue | <input type="checkbox"/> Nighttime gasping | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Depression    |

Others: \_\_\_\_\_

### To make an appointment contact:

<b>Pointe-Claire</b> Tel (514) 695-4848 Fax (514) 695-4308	<b>Châteauguay</b> Tel (450) 691-9494 Fax (450) 691-3930	<b>Valleyfield</b> Tel (450) 322-0267 Fax (450) 322-0268	<b>Mascouche</b> Tel (450) 313-0334 Fax (450) 313-0335	<b>Sainte-Thérèse</b> Tél (579) 477-4045 Fax (579) 477-4046
<b>Longueuil</b> Tel (450) 396-7878 Fax (450) 396-7879	<b>Delson</b> Tel (450) 290-0232 Fax (450) 290-0233	<b>Vaudreuil</b> Tel (450) 319-0334 Fax (450) 319-0335	<b>Laval</b> Tel (450) 239-0590 Fax (450) 239-0589	<b>Magog</b> Tél (579) 469-0120 Fax (579) 469-0119