

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:

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