

Medical Referral

Patient

Name: _____

Date of birth: _____

Telephone : _____

Referring doctor

Name: _____

Date: _____

License number: _____

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

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