

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

Snoring

Observed apneas

Hypertension

Heart disease

Somnolence/fatigue

Nighttime gasping

Diabetes

Depression

Others: _____

To make an appointment contact:

Pointe-Claire

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