

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:

<p>Pointe-Claire 514-695-4848 Fax 514-695-4308</p>	<p>Châteauguay 450-691-9494 Fax 450-691-3930</p>	<p>Valleyfield 450-371-6444 ext 287 Fax 450-371-5315</p>
<p>Longueuil 450-396-7878 Fax 450-396-7879</p>	<p>Delson 450-290-0232 Fax 450-290-0233</p>	