MedSleep Calgary
Office Phone: 403-254-6400 • Office Fax: 403-254-6403
calgary@medsleep.com • www.medsleep.com

Crowfoot	Evergreen	Thorncliffe	Chinook
340-600 Crowfoot Cres NW Calgary AB T3G 0B4	401-230 Eversyde Blvd SW • Room 4 Calgary AB T2Y 0J4	14-5440 4 St NW Calgary AB T2K 1A8	203-5809 MacLeod Trail SW Calgary AB T2H 0J9

IMPROVING HEALTH THROUGH BETTER SLEEP • ACROSS CANADA
MedSleep clinics provide clinical consultation, diagnostic services (sleep testing) and treatment for the full spectrum of sleep disorders

SLEEP DISORDERS REFERRAL FORM

Phone: 403-254-6400 • Fax: 403-254-6403

LOCATION ☐ Crowfoot ☐ Evergreen ☐ Thorncliffe ☐ Chinook

PLEASE CHOOSE ONE OF THE FOLLOWING:

☐ **APNEA FAST TRACK™**
In-home sleep testing followed by PAP Therapy for Obstructive Sleep Apnea (OSA) and/or Sleep Medicine Consultation as indicated

☐ **IN-CLINIC LEVEL 1 (FULL POLYSOMNOGRAPHY) SLEEP STUDY** *(not covered by AHC)*

☐ **REQUEST FOR CONSULTATION**
Sleep Medicine Consultation and Sleep Testing (as indicated)

PATIENT INFORMATION

Name: ______________________

PHN: ______________________

Date of Birth: ______________________

Phone: ______________________

Address: ______________________

City: ____________ Postal Code: ______

Height: ______ Weight :______ ☐ M ☐ F

HISTORY OF SLEEP PROBLEMS

☐ Snoring
☐ Witnessed Apneas
☐ Daytime Fatigue
☐ Daytime Sleepiness
☐ Insomnia
☐ RLS
☐ Other ____________

REFERRING PHYSICIAN

Physician Name: ______________________

Phone: ______________________

Fax: ______________________

PracID: ______________________

Address: ______________________

City: ____________ Postal Code: ______

MEDICAL CONDITIONS

☐ MI/CAD ☐ Stroke ☐ Hypertension ☐ Anxiety Disorder ☐ GERD
☐ Diabetes ☐ CHF ☐ Cardiac Arrhythmia ☐ Mood Disorder ☐ Chronic Pain

ADDITIONAL INFORMATION / MEDICATIONS

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Signature: ______________________ Date: ______________