

PATIENT _____ Male Female

ADDRESS _____

CITY _____ POSTAL CODE _____

PHONE _____ CELL _____ EMAIL _____

DATE OF BIRTH _____ PHN _____

SLEEP CARE PLAN

Includes a Level 3 Ambulatory Study and a Detailed Sleep Questionnaire

All Level 3 results are scored and reviewed by a Registered Polysomnograph Technologist

All components of the Sleep Care Plan are provided to the Patient at **no cost**

Proceed directly to CPAP Trial if Level 3 results are positive **YES** **NO**

OXYGEN ASSESSMENT

Includes Resting, Walking & Nocturnal Oximetries and Respiratory Assessment

OXYGEN THERAPY

Oxygen Equipment (cylinders, concentrators, conservation devices, supplies)

Annual follow-up & O2 Assessments

Assistance with Extended Health Benefits submissions and HOP applications

OTHER RESPIRATORY THERAPY

Nebulizer Asthma Supplies Suction Unit Other _____

REFERRING PHYSICIAN _____

PLEASE PRINT

REFERRING PHYSICIAN SIGNATURE _____

CLINIC NAME _____ REFERRAL DATE _____

CLINIC PHONE NUMBER _____

LOCATIONS

COQUITLAM 108-17 Fawcett Rd., Coquitlam BC V3K 6V2

ABBOTSFORD 405-2151 McCallum Rd., Abbotsford BC V2P 1P6

CHILLIWACK 45424 Hodgins Ave., Chilliwack BC V2P 1P6

NORTH VANCOUVER 107-1940 Lonsdale Ave., North Vancouver BC V7M 2K2

WEST VANCOUVER 201- 520 17th St., West Vancouver BC V7N 3S8

VANCOUVER 4018 Knight St., Vancouver BC V59 5Y7