AvantSleep

Edmonton West
320-8702 Meadowlark Rd
Edmonton AB T5R 5W5

Edmonton South
106-2951 Ellwood Dr SW
Edmonton AB T6X 0B1

Toll-free: 1-800-863-1501 • Tel: 780-757-8300 • Fax: 780-757-8302 • edmonton@avantsleep.com • www.avantsleep.com

SLEEP DISORDER REFERRAL – FAX: 780-757-8302

LOCATION ☐ Edmonton West ☐ Edmonton South

TEST REQUESTED

☐ *Level 3 Sleep Study (to include APAP Treatment and/or Sleep Medicine Consultation if indicated)

☐ Auto PAP Reassessment

PATIENT INFORMATION

Name _____ Gender ☐ M ☐ F

Health Care Number _____ Birth Date _____

Street Address _____ Primary Contact Number _____

City/Town _____ Secondary Contact Number _____

Province _____ Postal Code _____ Email _____

SYMPTOMS

☐ Snoring
☐ Insomnia
☐ Witnessed Apneas
☐ Excessive Daytime Fatigue
☐ Excessive Daytime Sleepiness
☐ Restless Legs Syndrome
☐ Other _____

MEDICAL CONDITIONS

☐ MI/CAD
☐ Seizures/Epilepsy
☐ GERD
☐ Fibromyalgia
☐ Mood Disorder
☐ Anxiety Disorder
☐ Hypertension
☐ Diabetes
☐ Stroke
☐ Asthma/COPD
☐ Chronic Pain
☐ CHF
☐ Cardiac Arrhythmia
☐ Other _____

COMMENTS / MEDICATIONS

_____

_____

_____

REFERRING PHYSICIAN

Physician _____ PRACID # _____

Street Address _____ Phone _____

City/Town _____ Fax _____

Province _____ Postal Code _____ Clinic Email _____

Signature _____ Date _____

☐ *PLEASE CHECK IF YOU WOULD LIKE US TO SEND YOU MORE REFERRAL FORMS.*

** LEVEL 3 STUDY INTERPRETATION AND SLEEP MEDICINE CONSULTATION PROVIDED BY MEDSLEEP PHYSICIANS*

v13: 31 July 2017