Vancouver #506 - 1755 West Broadway, Vancouver, BC V6J 4S5
Burnaby 4645 Kingsway, Burnaby, BC V5H 2B3
Maple Ridge #110-20528 Lougheed Hwy, Maple Ridge, BC V2X 2P8

Phone: 778-379-4779 • Fax: 778-379-4811 • vancouver@avantsleep.com • www.avantsleep.com

Please Fax Referral to: 778-379-4811

LOCATION

☐ AvantSleep Vancouver ☐ AvantSleep Burnaby ☐ AvantSleep Maple Ridge

SERVICES REQUESTED

☐ * Level 3 Sleep Study and Auto-PAP treatment with heated humidifier and mask and/or Sleep Medicine Consultation as indicated

☐ Auto PAP Reassessment

PATIENT INFORMATION

Name ______________________

Health Care Number ______________________

Street Address ______________________

City/Town ______________________

Province __________ Postal Code __________

Gender ☐ M ☐ F

Height ______ Weight ______ Neck Size ______

Birth Date ______________________

Primary Contact Number ______________________

Secondary Contact Number ______________________

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 ______________________

City ______________________

Phone ______________________

Fax ______________________

Email ______________________

Postal Code ______________________

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*