AvantSleep Moncton
1273 Main Street, Suite 175
Moncton, New Brunswick
E1C 0P4

Office Phone: 506-382-1301 • Office Fax: 506-382-5162 • infomoncton@avantsleep.com • www.avantsleep.com

SLEEP APNEA REFERRAL – FAX 506-382-5162

TEST REQUESTED

☐ * Level 3 Sleep Study and APAP Treatment and/or Sleep Medicine Consultation as indicated.

☐ Auto CPAP Therapy (APAP)
_____ minimum pressure
_____ maximum pressure

☐ CPAP Therapy
_____ cm H20
_____ ramp min.

PATIENT INFORMATION

Gender ☐ M ☐ F

Name _____
Height _____ Weight _____ Neck Size _____
Medicare Number _____
Primary Contact Number _____
Province _____
Secondary Contact Number _____
Birth Date _____ Age _____
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 _____
Phone _____
Practice # _____
Fax _____
Street Address _____
Email _____
City _____
Zip/Postal Code _____

Signature _____
Date _____

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

**LEVEL 3 SLEEP STUDY AND SLEEP MEDICINE CONSULTATION PROVIDED BY MONCTON SLEEP INSTITUTE*