



Surrey Sleep Clinic & Laboratory

City Centre 2
Suite 306, 9639 137A Street
Surrey, BC, Canada V3T 0M1
Tel: 604-372-0133 Fax: 604-372-0134
www.surreysleepclinic.com

SLEEP DISORDERS REFERRAL FORM

(PLEASE FAX FORM TO 604-372-0134)

New address, effective August 2019

- Urgent Non-Urgent Safety critical job Work Safe Pediatric (Age > 8)

Date:

Patient:

Mobile:

Referring Physician:

MSP #

Please Choose:

- Sleep Medicine Consultation with Dr. A. S. Minhas or Delegate**
- Overnight Polysomnography** (*Level 1*)
(Sleep Medicine consult is required for Level 1 Polysomnography, CPAP or Dental titration, MWT, MSLT & other in-lab tests)
- Level 3 Home Sleep Apnea Study and CPAP Initiation** (*Rapid access, no sleep medicine consultation required*)
- Level 3 Home Sleep Apnea Study** (*Rapid access, no sleep medicine consultation required*)

Reason for Referral:

- | | | |
|--|--|---|
| <input type="checkbox"/> Obstructive Sleep Apnea (OSA) | <input type="checkbox"/> Sleepy while driving | <input type="checkbox"/> Excessive sleepiness/fatigue |
| <input type="checkbox"/> Central Sleep Apnea | <input type="checkbox"/> Insomnia | <input type="checkbox"/> REM behaviour disorder |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Restless Leg Syndrome | <input type="checkbox"/> Parasomnia/Somnambulism |
| <input type="checkbox"/> Other | | |

Medical History:

- | | | | | |
|---------------------------------------|--|---|---|----------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> CAD/MI | <input type="checkbox"/> A. Fib | <input type="checkbox"/> CVA/TIA |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Hypothyroid | <input type="checkbox"/> Diabetes | <input type="checkbox"/> COPD | |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Opioid Rx | <input type="checkbox"/> Restrictive lung disease | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Bruxism | <input type="checkbox"/> ED/Testosterone Rx | <input type="checkbox"/> Neuromuscular disease | |

Other Medical History:

Medications: