



**RESPIRATORY WELLNESS CENTRE**

150 McPhillips St., Winnipeg, MB R3E 2J9  
 [p] 204-786-CPAP (2727) [Toll Free] 1-855-766-7388 [f] 204-786-1972  
 [e] CPAP@medi-gas.com [w] www.medi-gas.com

<b>HOME SLEEP APNEA</b>	<b>TEST REFERRAL</b>
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<b>PATIENT INFORMATION</b>
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<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>			
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>			
<b>Birth Date (DD/MM/YYYY):</b>	<b>Height (cm):</b>	<b>Weight (kg):</b>	
<b>Accessibility Requirements:</b>			
<b>Referral Reason (insert below):</b>	<b>Sleep Symptoms/History:</b>		
	Snoring	Morning headaches	
	Witnessed apnea	Hypertension	
	Daytime sleepiness	Family history	
	Frequent waking	Nocturia	

**Comments – Relevant Medical History and Medications**

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**NOTE:** Referrals with Brain Injury, Stroke, COPD, Coronary Heart Disease, or Congestive Heart Failure benefit most from an in-hospital sleep test.

<b>REFERRING PHYSICIAN INFORMATION</b>
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<b>Name:</b>		<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

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Physician Signature

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Date