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Please Fax the referral form to 1-866- 896-1301

# Referral | Requisition of Services

## Patient Information

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex: M  F   
 Health Card \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-Mail \_\_\_\_\_

## Referral Type

- Home Sleep Test Level 2: Braebon Diagnostics  
Includes Level 3 test + additional EEG, EKG, Limb Movements, Occular sensors  
\$575.00
- Home Sleep Test Level 3: ResMed Diagnostics  
Includes Heart rate, Saturation, Position, and respiratory sensors  
\$350.00
- Pediatric Oximetry  
Masimo Rad-G Nocturnal Oximetry  
\$190.00
- Home Oxygen Assessment / Therapy
- Respiratory Services & Products  
(Includes Education)

## Home Sleep Test: Level 2 & 3

**All the following are required to proceed with a Home Sleep Apnea Test:**

- The patient must be over 13 years of age  
 The patient does not have significant cardiac, pulmonary or neuromuscular disease
- The patient does not have any other known and diagnosed sleep disorder (Narcolepsy, PLM, Etc)

Indications for Testing

- |  |   |
|--|---|
| <input type="checkbox"/> Snoring                 | <input type="checkbox"/> Fatigue Related Accident |
| <input type="checkbox"/> Drowsiness              | <input type="checkbox"/> Non-Restorative Sleep    |
| <input type="checkbox"/> Hypertension            | <input type="checkbox"/> Obesity                  |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Abnormal Airway          |
| <input type="checkbox"/> Morning Headaches       | <input type="checkbox"/> Pre-Surgery              |
| <input type="checkbox"/> Witnessed Apneas        | <input type="checkbox"/> Post Surgery Follow Up   |
| <input type="checkbox"/> Chronic Fatigue         | <input type="checkbox"/> Insomnia                 |
| <input type="checkbox"/> Significant weight loss | <input type="checkbox"/> Other: _____             |

Review results with patient & Implement the Sleep Medicine Physician's therapy recommendations.

## Pediatric Oximetry

**The patient must be under 13 years of age**  
All tests are manually verified and set by CHEO standards

Indications for Testing

- Snoring
- Witnessed Apneas
- Nocturnal wake ups / Bathroom
- Enlarged Tonsils
- Dark Circles around eyes
- Sinus Congestion / Polyps
- Bruxism
- Drowsiness
- Headaches
- Bruxism
- Low focus / Difficulty in school
- ADHD/ADD
- Restless Sleeps
- Obesity
- Asthma / COPD
- Chronic Exposure cigarette smoke

Send results back with detailed report

## Oxygen Assessment & Therapy

**Respiratory & Oxygen assessment (Private)**  
Initial assessment: Medical intake, auscultation, 6-minute walk test, overnight oximetry.

**Home Oxygen Therapy:**  
Maintain SpO2 >90% or between \_\_-\_\_%

- Stationary Concentrator
- Portable Oxygen Concentrator
- Oxygen Accessories: Patient should replace oxygen tubing, cannulas and filters as per manufacturer's guidelines and as needed.

## Respiratory Products & Services

Spirometry (Flow Volume Loop)  
 Include Pre/ Post Bronchodilator  
Professional & Clinical Fee: \$50.00

Respiratory Therapy Products

- |   |  |
|---|--|
| <input type="checkbox"/> Spacer (AeroChamber)         | <input type="checkbox"/> OPEP devices (Aerobika) |
| <input type="checkbox"/> Nebulizers & supplies        | <input type="checkbox"/> Incentive Spirometry    |
| <input type="checkbox"/> Spirometer                   | <input type="checkbox"/> Peak Flow Meter         |
| <input type="checkbox"/> Lung rehabilitation supplies | <input type="checkbox"/> Tracheotomy supplies    |
| <input type="checkbox"/> Suction Supplies             |  |

## Comments / Notes

Physician/Nurse Practitioner Name: \_\_\_\_\_ Tel/fax: \_\_\_\_\_ / \_\_\_\_\_

Physician/Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A VALID PRESCRIPTION WHEN SIGNED BY A PHYSICIAN OR NURSE PRACTITIONER**

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.