



**Respiratory  
Therapy  
Specialists Inc.**

... from hospital to home

# Home Respiratory Referral

## Patient Information

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	City:	Postal Code:
Date of Birth: (MM/DD/YYYY)	Health Card #:	
Home Phone:	Work Phone:	Family Contact Phone:

Addressograph

## Sleep Apnea Assessment (optional)

Refer for assessment if 3 boxes are checked

### SYMPTOMS / COMORBIDITIES

- ☐ Loud disruptive snoring
- ☐ Breathing pauses or choking, gasping during sleep
- ☐ Excessive daytime sleepiness
- ☐ Wake up unrefreshed
- ☐ Anxiety/Depression
- ☐ Large neck size (>17" in men OR >16" in women)
- ☐ BMI > 30
- ☐ Hypertension
- ☐ Diabetes
- ☐ Metabolic Syndrome
- ☐ Hx CVA, CAD, Arrhythmias
- ☐ Other \_\_\_\_\_

## Home Oxygen Rx

- ☐ Diagnosis: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ Concentrator
- ☐ Portable Oxygen
- Flowrate: \_\_\_\_\_ Hrs: \_\_\_\_\_
- Rest: \_\_\_\_\_
- Exertional: \_\_\_\_\_

## Sleep Apnea Diagnostics and Treatment

### REFERRAL:

**Please check the following:**

- ☐ Level 3 Sleep Study with CPAP trial
- ☐ Level 3 Sleep Study
- ☐ CPAP/APAP Therapy

## Referring Clinic Address/Stamp:

## Special Instructions:

## Medical Clinic and Contact (PLEASE PRINT)

Physician/Professional Name:	License #:	Date: M / D / Y
Signature:	Phone:	Fax:

**FAX TO: 877-754-0894**

## Newfoundland & Labrador Locations & Clinics (please select):

- ☐ St. John's
- ☐ Gander
- ☐ Corner Brook
- ☐ Spaniards Bay (sleep only)
- ☐ Grand Falls-Windsor (sleep only)
- ☐ Stephenville (sleep only)

## Nova Scotia Locations & Clinics (please select):

- ☐ New Minas
- ☐ New Glasgow
- ☐ Truro
- ☐ Dartmouth (oxygen only)
- ☐ Windsor (sleep only)
- ☐ Bridgetown (sleep only)