CAPITAL
HOME MEDICAL EQUIPMENT

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Email: info@capitalhme.ca

Home Sleep Apnea Testing Requisition

All Diagnostics services have a flat fee of $299.99. All sleep studies are interpreted by a Sleep Medicine Physician.

Personal Information

Patient Name:_____
OHIP #:_____
Date Of Birth: _____
Gender: ☐ M ☐ F
Best Contact#:_____
E-mail:_____

Referring Physician & Nurse Practitioner Information

Physician/NP:_____
Address:_____
Billing #:_____
Phone:_____
Fax:_____
Email:_____

All of 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.*

Indications for Testing:

☐ Snoring	☐ Drowsiness	☐ Hypertension
☐ Diabetes	☐ Insomnia	☐ Morning Headaches
☐ Witnessed Apneas	☐ Fatigue Related Accident	☐ Chronic Fatigue
☐ Significant weight loss	☐ Follow-Up Post Surgery	☐ Abnormal Airway
☐ Non-Restorative Sleep	☐ Obesity	☐ Other:_____

Screening Tool: STOP-BANG

1 pt each for **S**noring **T**ired **O**bserved Apneas **P**ressure

STOP Score= ____/4

OSA risk by SB score: <2 Low 3-4 Mid >5 High

1 pt each for **B**MI >35 **A**ge >50 **N**eck >40cm (17in) **G**ender-male

BANG Score= ____/4

STOP-BANG score= ____/8

Please Note, these are only guidelines for OSA assessment. Referral for insomnia should only be considered when other co-morbidities are present.

*Comments:*_____

☐ **Forward the fully interpreted Home Sleep Study to our office upon completion.**
☐ **Please review & implement the Sleep Medicine Physician's recommendations**

_____ _____

Physician Signature ***Date***

Fax: 1-866-896-1301 **OR** **Email: info@capitalhme.ca**

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.