



Address: 27A 2194 Robertson Rd,  
 ON Nepean K2H 9J5  
 Tel: 613-721-2733  
 Fax: 1-866-896-1301  
 Email: info@capitalhme.ca

## Sleep Apnea & Oxygen Assessment Requisition

*Home Sleep Apnea Tests have a flat fee of 299.99*

### 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: \_\_\_\_\_

### Home Sleep Apnea Testing

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*

### Home Oxygen & Respiratory Assessment

Full Respiratory Assessment, 6-minute walk test and Nocturnal Oximetry  
 Include full Home Sleep Apnea Test (Optional)

Diagnosis: \_\_\_\_\_  
 Reason for Referral: \_\_\_\_\_

All patients qualifying for Home Oxygen Program Funding are urgently referred to an ADP Oxygen Vendor. Private purchase of Oxygen Therapy is available for patients who do not qualify or want their own equipment.

### Indications for Home Sleep Apnea 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: _____      |

## OSA Screening Tool: STOP-BANG

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

1 pt each for Snoring    Tired    Observed Apneas    Pressure  
 STOP Score= \_\_\_\_/4

1 pt each for BMI >35    Age >50    Neck >40cm (17in)    Gender-male  
 BANG Score= \_\_\_\_/4

STOP-BANG score= \_\_\_\_/8

*Please note, these are only guidelines for OSA assessment. HSAT referral for insomnia should only be considered when other co-morbidities are present.*

Comments: \_\_\_\_\_  
 \_\_\_\_\_

*Physician Signature*

*Date*

Referral to 1-866-896-1301    OR    Website Upload in "Requisition Portal"    OR    by Email: info@capitalhme.ca