SE Clinic: # 302 - 11420 27 St. SE, Calgary, AB T2Z 3R6
NE Clinic: # 105 - 3223 5th Ave. NE, Calgary, AB T2A 6E9
Phone: 587-332-0600
Fax: 587-332-0601
Toll free: 1-877-35-SLEEP (1-877-357-5337)
Email: info@sleepconsultants.ca

Consultation Request

Date: ___ ___ / ___ ___ ___ / ___ ___

FAX TO: 587-332-0601

Name: ____

DOB: ___ ___ / ___ ___ ___/ ___ ___ (dd mmm yy) Age: ____ M: ☐ F: ☐

Address: ____

____

AHN: ____

Phone: ____

Type of Referral:

Technical Services
- ☐ *Ambulatory Sleep Study*
- ☐ *In-Lab Sleep Study – requires consultation*
- ☐ *CPAP Trial – requires prior diagnosis*

Consultation Services
- ☐ *Adult Sleep Medicine*
- ☐ *Adult Sleep Surgery*
- ☐ *Pediatric Sleep Medicine*
- ☐ *Pediatric Sleep Surgery*
- ☐ *Neurology - Pediatric & Early Adulthood (newborn to 25 years old)*

Reason for Referral :

- ☐ *Snoring/Witnessed Apneas*
- ☐ *Difficulties Falling Asleep*
- ☐ *Difficulties Staying Asleep*
- ☐ *Fatigue/Non-Restorative Sleep*
- ☐ *Excessive Daytime Sleepiness*
- ☐ *Restless Legs Syndrome*
- ☐ *Sleep-related Behaviour*
- ☐ *Other:* ________________________

____

Pertinent Labs or Physical Findings:

Past Medical History:

Current Medications:

Referring Provider:_________________________________ **Prac. ID** _________________________________

Phone Number: _________________________________ **Fax No.** _________________________________

☐ *Please check this box if you need additional referral pads.*