



Sleep Apnea & Oxygen Referral Form

FAX: 1-604-540-8245
PHONE: 1-888-540-8288
EMAIL: referrals@westcaremedical.com

PATIENT _____ Male Female
ADDRESS _____
CITY _____ POSTAL CODE _____
PHONE _____ CELL _____ EMAIL _____
DATE OF BIRTH _____ PHN _____

SLEEP CARE PLAN

Includes a Level 3 Ambulatory Study and a Detailed Sleep Questionnaire
All Level 3 results are scored and reviewed by a Registered Polysomnograph Technologist
All components of the Sleep Care Plan are provided to the Patient at **no cost**
Proceed directly to CPAP Trial if Level 3 results are positive **YES** **NO**

OXYGEN ASSESSMENT

Includes Resting, Walking & Nocturnal Oximetries and Respiratory Assessment

OXYGEN THERAPY

Oxygen Equipment (cylinders, concentrators, conservation devices, supplies)
Annual follow-up & O2 Assessments
Assistance with Extended Health Benefits submissions and HOP applications

OTHER RESPIRATORY THERAPY

Nebulizer Asthma Supplies Suction Unit Other _____

REFERRING PHYSICIAN _____

PLEASE PRINT

REFERRING PHYSICIAN SIGNATURE _____

CLINIC NAME _____ REFERRAL DATE _____

CLINIC PHONE NUMBER _____

LOCATIONS

- COQUITLAM** 108-17 Fawcett Rd., Coquitlam BC V3K 6V2
- ABBOTSFORD** 405-2151 McCallum Rd., Abbotsford BC V2S 3N8
- CHILLIWACK** 45424 Hodgins Ave., Chilliwack BC V2P 1P6
- NORTH VANCOUVER** 107-1940 Lonsdale Ave., North Vancouver BC V7M 2K2
- WEST VANCOUVER** 201- 520 17th St., West Vancouver BC V7V 3S8
- VANCOUVER** 4018 Knight St., Vancouver BC V59 5Y7

