

FORM A: REQUISITION FOR HOME SLEEP APNEA TEST (HSAT) (without Sleep Disorder Physician consultation)

PATIE	NT INFORMATION (*deno	HSAT FACILIT	Y INFORMATION			
Last Name* First Name* PHN*			Facility Name	T IIII OIIII/ATION		
Lastitanie	riisertaine				est CPAP Inc.	
D - (D: 11 * 0000/ /AAA / DD)		In (JC CI AI IIIC	
Date of Birth* (YYYY / MM / DD)	Gender	Preferre	d Language	Address	D	
				All Locations/G	General Booking	
Primary Contact Number* Secondary Contact Number Email			Email			
				info@north	westcpap.com	
Address	1			Phone	Fax	
				604-242-3210	604-242-3209	
Safety Critical Occupation* – if Yes,	provide detail in Patient History					
					DD & CTITIONED	
Yes Ono (e.g. truck, taxi, bus drivers; airline/marine pilots; emergency personel; constructution workers; etc.) Patient History and Comorbid Conditions - please note if this is a follow-up HSAT study				Name*	PRACTITIONER	
Patient History and Comorbid Cond	aitions - piease note ir this is a follov	Name"				
				MSP Number*		
				Clinic Name		
				Street Address STAMP		
				Phone Fax		
				Filolie		
Allergies and Medications			Primary Care Provider*			
				Same as Referring Pra	ctioner O None	
				Copy to (full name and Spec	ciality or MSP Number)	
DIA	CNOSTIC/DEFEDRAL DECL	CION DAT	LIVAZANZ	DECISION A	ND SIGNATURE	
DIAGNOSTIC/REFERRAL DECISION PATHWAY				DECISION A	ND SIGNATURE	
Step 1: Determine if patient is	at <mark>increased risk of moderate</mark>	-to-severe C	Obstructive Sleep Apnea (OSA).	*Patient eligible for H	SAT?	
Increased risk of mod	lerate-to-severe OSA is indicate	ed by the p i	esence of excessive daytime	O Yes O No)	
sleepiness or fatigue and at least two of the following three criteria:						
☐ Witnessed apneas or gasping or choking			If Yes, forward requisition directly to			
☐ Habitual loud snoring				an accredited HSAT facility (see list of Accredited HSAT Facilities at https://www.		
☐ Diagnosed hypertension				ACIIITIES at <u>https://www.</u> /DAP-Accredited-Facilities-		
, .				HSAT.pdf.)	DAF-ACCIEUILEU-FACIIILIES-	
Is patient at increased risk of moderate-to-severe OSA?						
• If Yes, patient <i>requires a diagnostic test</i> .			If No, patient should be referred for a sleep			
 If No and the patient is symptomatic, they may have another sle be referred for a sleep disorder consultation (FORM B - HLTH 194 		-	disorder consultat	disorder consultation (FORM B - HLTH 1945).		
be reterred for a	sleep disorder consultation (F	OKM B - HLT	H 1945).	A negative or equivocal H	SAT does not rule out OSA.	
Step 2: Determine diagnostic	c test. A patient with an increa	A patient with an increased risk of moderate-to-severe OSA		Consider referral to a sleep disorders physician		
should be sent for a Home Sleep Apnea Test (HSAT), unless one or more of the following				(FORM B - HLTH 1945).		
HSAT exclusion crite	ria apply (any one item preclu	des HSAT):				
☐ Concern for no	$\ \square$ Concern for non-respiratory sleep disorder (e.g. chronic insomnia, sleep walking/talking).		somnia, sleep walking/talking).	Defende a Due stition on Cinnet and		
\square Risk of hypoventilation (e.g. neuromuscular disease, BMI ≥ 40 kg/m ²).			Referring Practitioner Signature			
☐ Chronic/regular opiate medication use.						
☐ Significant cardiopulmonary disease (e.g. history of stroke, heart failure,						
moderate-to-severe lung disease).						
	•					
☐ Previous negative or equivocal HSAT.☐ Children < 16 years old.						
☐ Inability to complete necessary steps for self-administered HSAT (e.g. cognitive,						
		-aaministere	ea HSAT (e.g. cognitive,			
physical, or otl				Data Circuad (2004 / MAY / 5	ND)	
	treatment follow-up (e.g. weight s one or more of the exclusion cr			Date Signed (YYYY / MM / D	טע)	

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.

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