BRITISH COLUMBIA | Ministry of Health

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

PATIENT INFORMATION (*denotes required field)

Last Name*	First Name*	PHN*

Date of Birth* (YYYY / MM / DD)	Gender	Preferred Language

Primary Contact Number*	Secondary Contact Number	Email

Address

Safety Critical Occupation* – *if Yes, provide detail in Patient History*

◯ Yes ◯ No (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*

Allergies and Medications

HSAT FACILITY INFORMATION

Facility Name
CLINICAL SLEEP SOLUTIONS

Address
All Locations / Central Repository

Email
sleeptest@clinicalsleep.com

Phone	Fax
1(800) 732-7985	(604) 800-8135

REFERRING PRACTITIONER

Name*

MSP Number*

Clinic Name

Street Address STAMP

Phone Fax

Primary Care Provider*

◯ Same as Referring Practioner ◯ None

Copy to (full name and Speciality or MSP Number)

DIAGNOSTIC/REFERRAL DECISION PATHWAY

Step 1: Determine if patient is at **increased risk of moderate-to-severe Obstructive Sleep Apnea (OSA).**

Increased risk of moderate-to-severe OSA is indicated by **the presence of excessive daytime sleepiness or fatigue and at least two of the following three criteria:**

- ☐ Witnessed apneas or gasping or choking
- ☐ Habitual loud snoring
- ☐ Diagnosed hypertension

Is patient at increased risk of moderate-to-severe OSA?

- If Yes, patient ***requires a diagnostic test***.
- If No and the patient is symptomatic, they may have another sleep disorder and should be referred for a sleep disorder consultation (FORM B - HLTH 1945).

Step 2: Determine diagnostic test. A patient with an increased risk of moderate-to-severe OSA **should be sent for a Home Sleep Apnea Test (HSAT), *unless one or more of the following HSAT exclusion criteria apply*** (any one item precludes HSAT):

- ☐ Concern for non-respiratory sleep disorder (e.g. chronic insomnia, sleep walking/talking).
- ☐ Risk of hypoventilation (e.g. neuromuscular disease, BMI ≥ 40 kg/m^2).
- ☐ 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, physical, or other barriers).

If sleep study is for treatment follow-up (e.g. weight loss, oral appliance, or surgery) HSAT is appropriate, unless one or more of the exclusion criteria detailed above applies.

DECISION AND SIGNATURE

***Patient eligible for HSAT?**

◯ Yes ◯ No

- If Yes, forward requisition directly to an **accredited HSAT facility** (see list of Accredited HSAT Facilities at https://www.cpsbc.ca/files/pdf/DAP-Accredited-Facilities-HSAT.pdf
- If No, patient should be referred for a sleep disorder consultation (FORM B - HLTH 1945).

A negative or equivocal HSAT does not rule out OSA. Consider referral to a sleep disorders physician (FORM B - HLTH 1945).

Referring Practitioner Signature

Date Signed (YYYY / MM / DD)

Accredited Facilities – Home Sleep Apnea Testing

Clinical Sleep Solutions Inc.
Accredited Since: June 7, 2021
Medical Director: Dr. Jeremy Road, MD. FRCPC; Respirologist and Sleep Physician
UBC Professor of Medicine

Central Contact Information
Phone: (800) 732-7985
Fax: (604) 800-8135
Email: sleeptest@clinicalsleep.com
Website: www.clinicalsleep.com

LOCATION	ADDRESS	PHONE	FAX
Abbotsford	105-1975 McCallum Road Abbotsford, BC, V2S 3N3	(604) 746-2290	(604) 746-2270
Burnaby	115-5050 Kingsway Burnaby, BC, V5H 4V7	(604) 432-9271	(604) 432-9471
Chilliwack	116-9193 Main Street Chilliwack, BC, V2P 7S5	(604) 392-5554	(604) 392-5541
North Vancouver	1350-138 East 13th Street North Vancouver, BC, V7L 0E5	(604) 985-1440	(604) 985-9471
Richmond	180-7031 Westminster Hwy. Richmond, BC, V6X 1A3	(604) 278-1540	(604) 278-1567
Sechelt	106-5682 Wharf Avenue Sechelt, BC, V0N 3A0	(604) 740-4448	(604) 740-4404
Squamish	2-38003 2nd Avenue Squamish, BC, V8B 0C3	(604) 390-1130	(604) 390-1131
Vancouver	103-805 West Broadway Vancouver, BC, V5Z 1K1	(604) 875-1440	(604) 875-1469
White Rock	107-1461 Johnston Road White Rock, BC, V4B 3Z4	(604) 542-2276	(604) 542-2216

Thank you for your continued support!
Please do not hesitate to contact us at any of our locations.