

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

PATIE	ENT INFORMATION (*denote		HSAT FACILITY INFORMATION				
Last Name*	First Name*		PHN*	Facility Na			
Date of Birth* (YYYY / MM / DD)	Gender	Preferre	l d Language	Address			
Primary Contact Number*	Secondary Contact Number	Email		Email			
						1	
Address				Phone		Fax	
Safety Critical Occupation* – if Yes,	, provide detail in Patient History						
Yes O No (e.g. truck, ta	axi, bus drivers; airline/marine pilots; e	emergency	personel; constructution workers; etc.)		REFERRING I	PRACTITIONER	
Patient History and Comorbid Cond	ditions - please note if this is a follow-	up HSAT stu	dy	Name*			
				MSP Num	nber*		
				Clinic Na	me		
				Street Ac	dress ST	TAMP	
				Phone		Fax	
Allergies and Medications				Primary C	Care Provider*		
3				◯ San	me as Referring Prac	ctioner O None	
				Conv to (f	full name and Spec	iality or MSP Number)	
				Copy to (i	rail flame and spec	lancy of Mor Hamber)	
DIAC	GNOSTIC/REFERRAL DECIS	ION PAT	ΗWΔΥ		DECISION AN	ND SIGNATURE	
l .	s at increased risk of moderate-to		• •	*Patie	nt eligible for HS	SAT?	
	derate-to-severe OSA is indicated				Yes O No		
	e and at least two of the follow	ing three	criteria:	l l	Yes, forward requ	uisition directly to	
· ·	neas or gasping or choking					AT facility (see list of	
☐ Habitual loud	_				1 101 / 101	acilities at https://www.	
☐ Diagnosed hyp				C	:psbc.ca/files/pdf/ ISAT.pdf	DAP-Accredited-Facilities-	
<u>-</u>	ed risk of moderate-to-severe	OSA?					
•	quires a diagnostic test.					ld be referred for a sleep	
	tient is symptomatic, they may has sleep disorder consultation (FOI		•			on (FORM B - HLTH 1945).	
should be sent for a	c test. A patient with an increase Home Sleep Apnea Test (HSAT ria apply (any one item preclude), unless (Conside	•	SAT does not rule out OSA. o disorders physician	
	on-respiratory sleep disorder (e.g.		somnia sleen walking/talking)				
	entilation (e.g. neuromuscular dis			Referring	Practitioner Signat	cure	
	ar opiate medication use.	casc, bivii	2 40 kg/111).				
_	diopulmonary disease (e.g. histo	ry of strok	e heart failure				
	severe lung disease).	., 01 300	e, near cranare,				
	tive or equivocal HSAT.						
☐ Children < 16							
	nplete necessary steps for self-a	dministere	ed HSAT (e.g. cognitive,				
If sleep study is for	treatment follow-up (e.g. weight loss one or more of the exclusion crite			Date Sign	ned (YYYY / MM / DI	D)	

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.

HLTH 1944 2021/06/22

Accredited Facilities – Home Sleep Apnea Testing

Clinical Sleep Solutions Inc. Accredited Since: June 7, 2021

Accidenticate Director to the Stereon ypReacte Ming FRCPC; Respirologist and Sleep Physician

UBC Professor of Medicine

Facility Name Address		Scope of Accreditation		Expiry Date of Accreditation		Organization		Medical Dire	
Central Contact Information			Accreditation		oi Accreditatio	'11			
Phone:	(800) 732-79								
Clinica Saxo Solutions	` '	1∕3√5 cCallum Road	Home Sleep Apr Testing	nea	2023-05-17		Clinical Sleep Solu	itions	Dr. Jeremy R
Abbot Endail: Clinical Sleep Solutions	sleepte\$t@t	sleepte\$୩୯୯୩୩୯୫/୪୫୫୬.com		202	2022 OF 17		Clinical Sleep Solu	tions	Dr. Jeremy R
Burnal Website:	www.clinica	www.clilicalsleed-com		Home Sleep Apnea Testing		2023-05-17		1110115	DI. Jeremy R
Clinical Sleep Solutions		93 Main Street	Home Sleep Apr	nea	2023-05-17		Clinical Sleep Solu	itions	Dr. Jeremy R
Chilliwack Clinical Sleep Solutions	Chilliwa	ADDRESS	Testing	PHON	IE 2023-05-17	FAX			
Clinical Sleep Solutions	1350-1	38 East 13th Street	Home Sleep Apr	iea	2023-05-17		Clinical Sleep Solu	itions	Dr. Jeremy R
North Vancouver Abbotsford Clinical Sleep Solutions	180-70	Vancouver 985 V71 055 31 Westminster Hwy 31 Westminster Hwy 31 Westminster Hwy 32 Westpord, BC, V2	n Road Home Sleep Apr	(604)	7 <u>46</u> - <u>22</u> 90	(604	1) 746-2270 Clinical Sleep Solu	itions	Dr. Jeremy R
Richmond	Richmo	Abbotsford, BC, V2	S 3N3						
Clinical Sleep Solutions	106-56	⁸² 1 ^W 5-5050 Kingsway	Burnaby, Testing	1e(604)	432-9271	(604	15 432 5647 Solu	itions	Dr. Jeremy R
Sechelt	Sechelt	BCVV514 4V7				(00	•		
Clinical Sleep Solutions		3 2nd Avenue	Home Sleep Apr		2023-05-17	(00)	Clinical Sleep Solu		Dr. Jeremy R
Squami Chilliwack Clinical Sleep Solutions	103-80	^{is} ካቶ6- ፟ ፇ፟ቶ9፞§³Main Stre ⁵ ፫፫ቨቪየ <u>ሃ</u> ፭ርሺንBC, V2F	et esting 185 Sleep Apr	(604) lea	392-5554 2023-05-17	(602	1) 392-5541 Clinical Sleep Solu	itions	Dr. Jeremy R
Vancouver		ver, BC, V5Z 1K1	Testing				•		,
Clinical North Polyting	Streetleep Aprice (604)		985-0440 ((604	4 \$ 1985 - 5947 9 olutions	Dr. Jeremy R			
White Rock	White I	^R ଐorth₩aircouver, B	C, Style 0E5						
Richmond		180-7031 Westmins	ster Hwy	(604)	278-1540	(60/	1) 278-1567		
radiiiidid		Richmond, BC, V6		(004)	270-10-0	-00)	+) 270-1307		
_		, ,							
Sechelt		106-5682 Wharf Av		(604)	740-4448	(604	1) 740-4404		
		Sechelt, BC, V0N 3	A0						
Squamish		2-38003 2nd Avenu	е	(604)	390-1130	(604	1) 390-1131		
1 1		Squamish, BC, V8E		(,		(,		
1/2222211122				(00.4)	075 4440	(00)	1) 075 4400		
Vancouver		103-805 West Broa Vancouver, BC, V52		(604)	875-1440	(602	1) 875-1469		
		varicouver, DC, V32	LIKI						
White Rock		107-1461 Johnston		(604)	542-2276	(604	1) 542-2216		
		White Rock, BC, V4	IB 3Z4						
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Thank you for your continued support!

Please do not hesitate to contact us at any of our locations.