Saskatoon Ph: Prairie Regina Ph: Oxygen Yorkton Ph:	SSMENT REQUEST 306-384-5255 Fax: 306-384-0022 306-545-8883 Fax: 306-545-3284 306-828-0355 Fax: 306-828-0357 306-763-0355 Fax: 306-763-0354 Toll Free 1-877-738-8702
Level III Sleep Apnea Screening (one night study Date of Referral: M M /D D/Y Y	 Auto CPAP Titration Study (one week study) Pressure Rangeto 5cm to 20cm H₂O is used unless otherwise stated Currently no cough, fever or on antibiotics
Patient Information	
Date of Birth: MM/DD/YY Height:	Weight:
Last Name:	First Name:
Address:	
Home Phone: C	Other (cell/work):
PHN:	
Physician to Complete	
Yes No 1. Is the patient over the age of 65 with comorbidities?	7. Does the patient have symptomatic chronic respiratory failure?
2. Is the patient frequently working night shifts?	8. Is there a high likelihood of another sleep disorder?
3. Does the patient have chronic atrial fibrillation? 4. Does the patient have uncontrolled CHF?	9. Is the patient currently on supplemental oxygen therapy? Image: Constraint of the patient of
4. Does the patient have uncontrolled CHP? 5. Is the patient regularly taking sedatives, narcotics,	
 antidepressants, sleeping pills or modafinil? 6. Is the patient a commercial driver, airline pilot, train engineer or work in emergency services? 	 12. Does the patient/family have the ability to follow written Instructions for connecting and using the testing equipment?
Please note: A "yes" answered to any of the "bolded" questions, indicate that a direct referral be made to the Sleep Disorders Centre and that portable in-home sleep monitoring is not recommended.	
Physician/Nurse Practitioner Information	
Requesting Physicians/NP Name:	Signature:
Address:	
Signature allows for: Type III Testing	I III tests positive for OSA (Obstructive Sleep Apnea) by interpreting Respirologist) consult and/or recommendation
comments	