

## PATIENT REFERRAL FORM

NEW BRUNSWICK	** PLEASE AFFIX PATIENT LABEL IF AVAILABLE **
FREDERICTON F: (506) 206-8878	Name:
MONCTON F: (506) 830-5400	Address:
SAINT JOHN F: (506) 214-7600	Phone Numbers  Home: Work:
NOVA SCOTIA	Cell:
AMHERST F: (902) 660-5343	Email:
BRIDGEWATER F: (902) 530-3367	DD MM YY
DARTMOUTH F: (902) 435-7259	Reason for Referral:   Assess for OSA
HALIFAX F: (902) 423-4579	☐ Other (symptoms):
KENTVILLE F: (902) 365-5874	
LARRY UTECK F: (782) 222-2140	REQUESTED SERVICE
LOWER SACKVILLE F: (902) 252-3993	☐ Home Sleep Study
PORT HAWKESBURY F: (902) 738-3019	☐ CPAP Titration ☐ Home Sleep Study & CPAP Titration if Indicated
SYDNEY F: (902) 270-2667	Physician/NP:
TRURO F: (902) 843-4375	Physician/NP Signature:
PRINCE EDWARD ISLAND	Date:
CHARLOTTETOWN F: (902) 367-6376	

## Screening Tool for Obstructive Sleep Apnea STOP-BANG Questionnaire

0	SNORING  Do you <i>snore</i> loudly (louder than talking or loud enough to be heard through closed doors)?  ☐ YES ☐ NO	
2	TIRED  Do you often feel <i>tired</i> , fatigued or sleepy during the daytime?  ☐ YES ☐ NO	
3	OBSERVED Has anyone observed you stop breathing during your sleep? □ YES □ NO	
4	BLOOD PRESSURE  Do you have or are you being treated for high blood <i>pressure</i> ?  □ YES □ NO	
5	BMI BMI more than 35kg/m²? □ YES □ NO	
6	AGE Age over 50 years old? □ YES □ NO	
7	NECK CIRCUMFERENCE  Neck circumference greater than 40cm / 16"?  □ YES □ NO	
8	GENDER Gender - Male? □ YES □ NO	
Yes to 0 - 2 questions: OSA risk is LOW Yes to 3 - 4 questions: OSA risk is INTERMEDIATE Yes to 5-8 questions: OSA risk is HIGH		

Source: Chung F et al J Clin Sleep Med Sept 2014