



Level III Study & CPAP Initiation Referral Form

Referral for TrueNorth to contact patient to complete the following (select below):

- Level III Sleep Study interpreted by Dr. R. Cridland of the Kelowna Sleep Clinic
- AutoCPAP initiation and titration – standing order if results of Level III Study are positive and a CPAP trial/initiation is recommended by the Kelowna Sleep Clinic
- AutoCPAP initiation and titration
- CPAP initiation – provide pressure setting: _____ cmH2O

PATIENT INFORMATION:

Please Complete all fields

Full Name:	DOB(DD/MM/YR):	
Address:	City:	Postal Code:
Phone:	Diagnosis:	
Funding (please circle):	Pharmacare / Chronic Disease Prgm / NIHB / Private Insurance (Sunlife, etc)	
If Pharmacare or Chronic Disease Program, Yukon Health Care #:	-	-
If NIHB, Band number (if applicable):		
Notes/Precautions:		

Referring Physician:	License/Billing Number:
Family Physician:	License/Billing Number:

Comments:

Physician Signature:

Date:

Physicians: please note that by signing above you are authorizing a prescription and requesting TrueNorth Respiratory Therapy Services Ltd. and its staff to provide the testing/therapies outlined above. TrueNorth Respiratory Therapy Services Ltd. and its staff will not be held accountable or liable for any complications that arise from/during testing, treatment, or discontinuation of therapies requested.