vancouver coastal Health
Promoting wellness. Ensuring care.

UBC SLEEP DISORDERS CLINIC
REFERRAL & RAPID ACCESS TRIAGE FORM

INCOMPLETE FORMS WILL BE RETURNED **Tel: 604-822-7606** **Fax: 604-822-9744**

REFERRAL DATE:

_____

☐ New patient ☐ Reassessment
☐ First Nations

REFERRED FROM:
☐ Family Physician ☐ Specialist
☐ Other_____

Referring Physician: _____

Phone: _____ Fax: _____

MSP number _____

Family physician (if known): _____

PATIENT INFORMATION:

Last name	First name	Middle initial	PHN:
Address			DOB: (D/M/Y)
City/town	Postal code		Gender: ☐ M ☐ F ☐ TG
Phone number(s):			Height: Weight:
Patient Email:			Can we contact the patient via email? ☐ Yes ☐ No

PLEASE DESCRIBE MAIN REASON FOR REFERRAL:

MAIN SYMPTOMS: (check all that apply)

☐ Loud Snoring ☐ Nocturnal choking/gasping:
☐ Witnessed apneas ☐ Morning headaches
☐ Difficulty staying asleep ☐ Difficulty falling asleep
☐ Frequent leg movements ☐ Restless legs
☐ Unusual behaviours or movements during sleep
☐ Daytime sleepiness
Other:_____

RELEVANT HEALTH HISTORY: (check all that apply)

☐ Hypertension ☐ Chronic hypoventilation
☐ Arrhythmia ☐ Pulmonary hypertension
☐ MI/CAD ☐ Seizure/Epilepsy
☐ Heart Failure ☐ COPD
☐ Stroke ☐ Fibromyalgia
☐ Psychosis ☐ Mood/Anxiety Disorder
☐ Chronic Pain
☐ Parkinson's Disease/Parkinsonism
Other:_____

PREVIOUS SLEEP ASSESSMENTS: (Please fax copies)

☐ Polysomnogram ☐ Level III Sleep Study
☐ Overnight Oximetry

Current/previous use of: ☐ CPAP/BiPAP ☐ Oral appliance

☐ Previous consult notes ☐ Other_____

DOES THE PATIENT HAVE A SAFETY CRITICAL OCCUPATION OR SLEEPINESS WHILE DRIVING?

☐ Works with machinery or hazardous materials for a living? Is a professional driver/pilot/engineer or captain?

☐ Has fallen asleep at the wheel within the last 5 years?

HIGH PROBABILITY OSA INFORMATON*

Neck circumference (cm):_____

Loud Snoring? ☐ Yes ☐ No

Choking/Gasping during sleep? ☐ Yes ☐ No

Epworth Sleepiness Score: ___/24 (see back of form)

***this information will help us prioritize your patient's appointment**

SLEEP CLINIC USE ONLY

CAS:_____

Priority: ☐ High ☐ Moderate ☐ Mild

☐**Referral sent back due to missing information**

Date sent back:_____

INFORMATION FOR REFERRING PHYSICIANS

Reason for Referral
The UBC Hospital Sleep Disorders Program is the major referral centre in British Columbia for the investigation and management of complex sleep disorders. All referrals are promptly triaged and assigned to an appropriate specialist in the clinic. It is VERY IMPORTANT that you provide us with correct and complete information on the referral form. Incomplete referrals will be returned to the referring physician and this will result in delays for your patient.

Previous Sleep Assessments, Investigations and Treatment
If your patient has had previous sleep studies of any type, or is already on treatment for a sleep disorder, please provide this information with/on your referral. Please also include any relevant consultation notes from other physicians.

Safety Critical Occupation and Driving Safety
Please indicate whether there are concerns about your patient's safety while driving or in the workplace. We factor this information into our triage process.

Prioritizing/Notification of Appointments
Patients with a high probability for sleep apnea can be expedited in their diagnosis and treatment if specific information is provided. In addition to completing the Symptom Checklist, please include the Epworth Sleepiness Score (below), neck circumference and information on whether the individual loudly snores or chokes/gasps when they sleep.
Patients will be notified of their appointments by phone.

Epworth Sleepiness Score

Think about how likely you are to fall asleep in the following situations. Even if you haven't been in these situations recently, try to think how they would have affected you.

Use the following scale to respond: **0** = would never doze **1** = slight chance of dozing; **2** = moderate chance of dozing; **3** = high chance of dozing

Situation	**Score**
Sitting and reading	/3
Watching television	/3
Sitting inactive in a public place (e.g. a theatre/meeting)	/3
As a passenger in a car for an hour with no break	/3
Lying down in the afternoon (when possible)	/3
Sitting and talking to someone	/3
Sitting quietly after lunch without alcohol	/3
In a car, while stopped for a few minutes in traffic	/3
Total	/**24**