Tranq Sleep Care
Castlegar Sleep Center
Dr. Wayne W. Lai Inc.
MSP #64654

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Patient Referral Requisition

Part A: Referral Request

☐ **Consultation/Tele-Consultation AND Overnight In-Lab Level I Sleep Study**

☐ **Apnea Fast track with Home Level III Study**

Part B: Patient Information

Name: _____ DOB: _____ Gender: ☐ Male ☐ Female

Address: _____ Phone: _____ Height: _____

_____ PHN: _____ Weight: _____

Email: _____

Part C: Referral Information

Referral Reason

☐ Insomnia
☐ Witnessed Apnea
☐ Narcolepsy
☐ Excessive Daytime Sleepiness
☐ Abnormal Prior Sleep Study
☐ Frequent Nocturnal Awakenings
☐ Restlessness at night
☐ Others: _____
_____

Relevant History

☐ Hypertension
☐ DM
☐ Hyperlipidemia
☐ Stroke
☐ Chronic Pain
☐ MI (Myocardial Infarction)
☐ CAD (Coronary Artery Disease)
☐ CHF (Congestive Heart Failure)
☐ COPD
☐ TIA (Transient Ischemic Attack)
☐ Cardiac Arrhythmia
☐ Fibromyalgia
☐ Atrial Fibrillation
☐ GERD
☐ Depression
☐ Thyroid Dysfunction
☐ Anxiety Disorder
☐ Smoking
Others: _____

Current Medications:_____

Allergies/Sensitivities: _____

Part D: Referring Physician Information

Physician Name: _____ Phone: _____

Billing No.: _____ Fax: _____

Address: _____ Signature: _____

_____

Part E: Urgency Level

◯ Level 1 – patient seen within 4 weeks (Criteria is ESS>10 and co-morbid disease and high-risk occupation, or AHI > 10)

◯ Level 2 – patient seen within 8 weeks (Criteria is ESS>10 or AHI > 10)

◯ Level 3 – patient seen within 6 months

Fax completed requisition to Castlegar Sleep Center at 1-778-460-0036 and attach copy of Ferritin level, TSH, B12, Oximetry or Sleep Reports if available.