

Date: \_\_\_\_\_

Full Name (Last Name, First Name): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_  Male  Female  Undeclared

Health Care #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Sleep Diagnostics**

- Home Sleep Apnea Test (HSAT) No fee\* (Level 3)  
• CPAP Treatment as required after testing
- Home Sleep Apnea Test Only (HSAT) No fee\* (Level 3)
- Adult Sleep Medicine Consult  
(Note: HSAT Level 3 is required before consult)

**Symptoms/Concerns**

- Excessive Daytime Sleepiness  Fatigue
- Morning Headache  Snoring
- Witnessed Apnea

**Respiratory Diagnostics**

- Full Pulmonary Function
- Spirometry
- Respiratory Muscle Strength Testing (MIP/MEP/FVC)
- Adult Pulmonary Consult  
(Note: PFT is required before consult)

**Symptoms/Concerns**

- Hypoxia  Shortness of Breath
- Cough  Wheezing

**Known Medical Condition**

- Hypertension  Stroke  Mood Disorder  Restrictive Lung Disease
- Ischemic Heart Disease  Heart Failure  Asthma  Neuromuscular Disease
- Cardiac Arrhythmia  Seizure Disorder  COPD  Oxygen Therapy

Reason for Referral: \_\_\_\_\_

**Referring Physician**

Referring Physician and Clinic: \_\_\_\_\_ PRAC ID: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**EDMONTON** 📍 9623 - 66 Ave NW 📍 7919 - 118 Ave NW 📞 587-523-0030  
**CALGARY** 📍 160-495-36 St. NE 📞 403-453-7104 📍 Unit 28, 6130-1A St SW 📞 587-390-3550

✉ info@freedomrespiratory.com

Accredited by the College of Physicians and Surgeons of Alberta (CPSA)