

CALGARY ZONE SLEEP CENTRE REFERRAL QUICK REFERENCE

OUTPATIENT CLINIC

(Patient does **NOT** need to be seen urgently)

*Indicate a clear reason for referral and any confirmed diagnosis to assist in directing your referral

- See QuRE Referral Consult Checklists (www.ahs.ca/QuRE) for high-quality referral
- Provide all required information and specific tests/investigations

EXCLUSIONS: FMC Sleep Centre does not supply CPAP/BPAP/Oxygen equipment

REFERRAL PROCESS: Fill out the referral form (www.albertahealthservices.ca/frm-00724.pdf) and fax it to 403-270-2718.

Sleep Medicine – FMC Sleep Centre

Room EG12, Foothills Medical Centre
1403 29 Street NW, Calgary AB T2N 2T9
T: 403-944-2404 | F: 403-270-2718

ASK FOR ADVICE

(Specialists provide advice to physicians for non-urgent questions)

General advice related to sleep disorders:

For physicians in Calgary Zone only:

Call Specialist LINK (www.specialistlink.ca)

Calgary Zone (calls returned within one hour): Visit specialistlink.ca to request tele-advice, and for more information. Tele-advice is available Monday to Friday (except statutory holidays).

Does not appear to be offered by Specialist LINK

Refer to **Obstructive Sleep Apnea (OSA) Guidelines** for Diagnosis and Treatment (www.ahs.ca/assets/programs/ps-1771-sleep-osa-guidelines.pdf)

Reason for Referral	Process	Mandatory Info (Essential Investigations)	Extra Info (if available)	Access Target
SLEEP APNEA Includes: <ul style="list-style-type: none"> • Obstructive sleep apnea • Hypoventilation • Central sleep apnea • Persistent apnea despite treatment with CPAP 	Refer to Sleep Centre Note: <ul style="list-style-type: none"> • Please indicate the condition of primary concern in the reason for sending this referral (e.g. obstructive sleep apnea, hypoventilation, central sleep apnea, or persistent apnea despite treatment with CPAP) • Patient may be asked to undergo home sleep apnea testing (HSAT) and complete a questionnaire from the Sleep Centre • Refer to <i>Obstructive Sleep Apnea (OSA) Guidelines for Diagnosis and Treatment</i>: (www.ahs.ca/assets/programs/ps-1771-sleep-osa-guidelines.pdf) 	<ul style="list-style-type: none"> • Indicate any safety concerns (e.g. safety critical occupation, pre-operative consultation) 	Attach if available: <ul style="list-style-type: none"> • Sleep study reports • Previous sleep consults • Arterial blood gas result • Pulmonary function test report • Echocardiogram report 	30 calendar days

<p>CPAP / BPAP / OXYGEN FUNDING (AS REQUIRED BY GOVERNMENT FUNDING AGENCY)</p>	<p>Refer to Sleep Centre</p> <p>Note:</p> <ul style="list-style-type: none"> If the patient is working with respiratory home care company, please provide the company name The Sleep Centre will request more information directly from the respiratory home care company (e.g. home sleep apnea testing (HSAT) result) 	<ul style="list-style-type: none"> Indicate the name of the respiratory home care company (Oxygen / CPAP provider) Indicate any safety concerns (e.g. safety critical occupation, pre-operative consultation) 	<p>Attach if available:</p> <ul style="list-style-type: none"> Sleep study reports Previous sleep consults Arterial blood gas result Pulmonary function test report Echocardiogram report 	60 calendar days
<p>INSOMNIA</p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> Circadian rhythm disorders Cognitive behavior therapy versus medication consultation 	<p>Refer to Sleep Centre</p> <p>Note:</p> <ul style="list-style-type: none"> Patient will be sent a questionnaire from the Sleep Centre Refer to <i>Adult Insomnia Guidelines:</i> (https://actt.albertadoctors.org/media/g01hwidm/adult-insomnia-cpg.pdf) 	<ul style="list-style-type: none"> Indicate comorbid psychiatric condition and stability of symptoms Indicate any safety concerns (e.g. safety critical occupation) 	<p>Attach if available:</p> <ul style="list-style-type: none"> Previous sleep consults Details of previous sleep disorders and treatment (CPAP trials or medication) 	60 calendar days
<p>EXCESSIVE DAYTIME SLEEPINESS</p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> Narcolepsy Persistent sleepiness despite CPAP for obstructive sleep apnea 	<p>Refer to Sleep Centre</p> <p>Note:</p> <ul style="list-style-type: none"> Please indicate the condition of primary concern in the reason for sending this referral Patient may be asked to undergo home sleep apnea testing (HSAT) and complete a questionnaire from the Sleep Centre 	<ul style="list-style-type: none"> Indicate any safety concerns (e.g. safety critical occupation) 	<p>Attach if available:</p> <ul style="list-style-type: none"> Previous sleep consults Details of previous sleep disorders and treatment (CPAP trials or medication) 	60 calendar days
<p>ABNORMAL BEHAVIORS DURING SLEEP</p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> Parasomnias Restless leg syndrome Periodic limb movement disorder Sleep walking Nightmares 	<p>Refer to Sleep Centre</p> <p>Note:</p> <ul style="list-style-type: none"> Please indicate the condition of primary concern in the reason for sending this referral Patient may be asked to undergo home sleep apnea testing (HSAT) and complete a questionnaire from the Sleep Centre 	<ul style="list-style-type: none"> Indicate any safety concerns (e.g. safety critical occupation, high risk of injury or dangerous behaviors such as driving, cooking while sleep walking) 	<p>Attach if available:</p> <ul style="list-style-type: none"> Previous sleep consults Details of previous sleep disorders and treatment (CPAP trials or medication) 	60 calendar days

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