



HOME SLEEP STUDY REFERRAL FORM/HOME OXYGEN PRESCRIPTION

Medigas processes referrals with a BMI of <40 BMI \geq 40 must be referred to the Sleep Disorder Centre.

PATIENT INFORMATION	
Patient Name:	SEX: M <input type="checkbox"/> F <input type="checkbox"/>
PHIN #:	DOB: DD/MM/YYYY
Phone: (Day)	(Evening)
Address:	
City:	Postal Code:

REFERRING PHYSICIAN
Name:
Address:
Fax:
Phone:

<u>Home Sleep Study Referral Form</u>		
CLINICAL INFORMATION		
<i>Please check all that apply.</i>		
SLEEP SYMPTOMS/HISTORY	MEDICAL HISTORY	LIFESTYLE
<input type="checkbox"/> Snoring <input type="checkbox"/> Insomnia <input type="checkbox"/> Restless Legs Syndrome <input type="checkbox"/> Sleepwalking/talking <input type="checkbox"/> Night terrors <input type="checkbox"/> Frequent Awakenings <input type="checkbox"/> Nocturia <input type="checkbox"/> Daytime Somnolence <input type="checkbox"/> Witnessed Apneas <input type="checkbox"/> Cataplexy <input type="checkbox"/> Parasomnia <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Morning headaches Symptom Duration <input type="checkbox"/> < one month <input type="checkbox"/> \geq three months <input type="checkbox"/> \geq six months	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Diabetes <input type="checkbox"/> Coronary heart disease <input type="checkbox"/> COPD/Asthma <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Stroke <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Neuromuscular disease <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Chronic Pain <input type="checkbox"/> O ₂ Therapy — lpm <input type="checkbox"/> Rx Attached Other: Allergies:	<input type="checkbox"/> Obesity <i>BMI: (under 40)</i> <i>(Height: cm / Weight: kg)</i> <input type="checkbox"/> Hypertension BP: <input type="checkbox"/> Smoker <input type="checkbox"/> Recent Weight Gain <input type="checkbox"/> Alcohol/Substance Abuse <input type="checkbox"/> Family History Other: <input type="checkbox"/> Repeat Sleep Study When? DD/MM/YYYY <input type="checkbox"/> Current PAP user Special Needs <input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Non-ambulatory <input type="checkbox"/> Other

<u>HOME OXYGEN PRESCRIPTION</u>
_____ LPM Oxygen Delivery Device: _____

Date: MM/DD/YYYY	Signature: _____
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**150 McPhillips Street
Winnipeg, MB R3E 2J9
Mon-Fri: 8-5**

**1711 Kirkcaldy Drive Unit 4
Brandon, MB R7A 0B9
(At the Paddock Mall)
Direct line: 204-717-6500
Mon-Thurs: 9-7**

**699 Broadway
Winnipeg, MB R3G 0X2
Mon-Thurs: 8-8
Fri: 8-5
Sat: 8-4:30
Sun: 8-4:30**

**Walk-ins welcome at all 3 of our locations
204-786-2727
1-855-SNORE-88 (1-855-766-7388)
www.medi-gas.com**



Obstructive Sleep Apnea (OSA)

Answer the following **STOP** questions to find out if you are at **risk for Obstructive Sleep Apnea**. If you answer "YES" to two questions or more below, contact your physician.

Snoring: Have you been told you snore loudly? **YES NO**

Tired: Are you tired during the day? **YES NO**

Observed: Have you been told that you stop breathing while sleeping? **YES NO**

Pressure: Do you have high blood pressure? **YES NO**

To find out if you are at moderate or severe risk of Obstructive Sleep Apnea, complete the BANG questions below. The more questions to which you answer "YES," the greater your risk of having moderate to severe Obstructive Sleep Apnea.

Body Mass Index: Is your BMI greater than 35? **YES NO**

Age: Are you older than 50? **YES NO**

Neck: Does your neck measure more than 16 inches or 40 centimetres in diameter? **YES NO**

Gender: Are you male? **YES NO**

If your physician suspects that you have Obstructive Sleep Apnea, he or she may recommend that you have a Sleep Study to determine if you require treatment with a CPAP (continuous positive airway pressure) device.

Home Sleep Studies (level 3 Sleep Study)
A Home Sleep Study is conducted in the comfort of your home and can be performed through Medigas for a fee. A device monitors your snoring, abdominal and chest effort, heart rate, oxygen levels and body position while you're sleeping.

Hospital Sleep Studies

Hospital Sleep studies are performed at the Sleep Disorders Centre in Manitoba, located at Misericordia Health Centre.

Home Oxygen

Medigas offers oxygen/oxygen equipment. Oxygen is covered under Manitoba's PharmaCare Program. A doctor's prescription is required.

Oxygen Concentrators
An oxygen concentrator removes oxygen from ambient air which is then delivered at the selected level (liters per minute). Medigas carries both stationary and portable oxygen concentrators to suit individual lifestyles and needs.

Oxygen Tanks
Oxygen tanks are available in different sizes. Medigas carries:

- D-size cylinders
- E-size cylinders
- Ready-To-Go cylinders (a Medigas exclusive)

Affiliated Equipment

Medigas carries all oxygen related equipment you will need for your home oxygen setup:

- nasal prongs
- tubing
- regulators
- carrying carts