

physical, or other barriers).

If sleep study is for treatment follow-up (e.g. weight loss, oral appliance, or surgery) HSAT is

appropriate, unless one or more of the exclusion criteria detailed above applies.

FORM A: REQUISITION FOR HOME SLEEP APNEA TEST (HSAT) (without Sleep Disorder Physician consultation)

	DATIE	NT INCODMATION (* L	on warming falls		HCAT FACILI	TY INFORMATION							
Last Name*	PATTE	NT INFORMATION (*denot First Name*	PHN*		Facility Name								
Lustrianic			the contract of the state of th		Inspire Sleep, Ltd								
Date of Birth	* (YYYY / MM / DD)	Gender	Preferred Language		Address 41-20821 Fraser Hwy, Langley								
Primary Contact Number* Secondary Contact Number Email		Email		Email									
			patientcare@inspiresleep.ca										
Address					Phone	Fax							
					604-536-4353	604-536-6668							
Section of the sectio	Company of the Control of the Contro	provide detail in Patient History											
Yes No (e.g. truck, taxi, bus drivers; airline/marine pilots; emergency personel; constructution workers; etc.)					REFERRING PRACTITIONER Name*								
Patient History and Comorbid Conditions - please note if this is a follow-up HSAT study													
					MSP Number*								
												Phone Fan	
							Allergies and Medications					Primary Care Provider* O Same as Referring Practioner None	
							America and medications						
					Copy to (full name and Speciality or MSP Number)								
	DIAC	NOSTIC/BEEERDAL DECH	SION PATHWAY		DECISION	AND SIGNATURE							
DIAGNOSTIC/REFERRAL DECISION PATHWAY					DECISION AND SIGNATURE								
	Step 1: Determine if patient is at increased risk of moderate-to-severe Obstructive Sleep Apnea (OSA). Increased risk of moderate-to-severe OSA is indicated by the presence of excessive daytime sleepiness or fatigue and at least two of the following three criteria: Witnessed apneas or gasping or choking Habitual loud snoring Diagnosed hypertension			○ Yes ○ No									
lr el			ne										
31					• If Yes, forward requisition directly to								
					an accredited HSAT facility (see list of Accredited HSAT Facilities at https://www.								
					cpsbc.ca/files/pdf/DAP-Accredited-Facilities-								
lo		ed risk of moderate-to-severe	OSA?		HSAT.pdf.)								
,	If Yes, patient requires a diagnostic test.				If No, patient should be referred for a sleep								
,			have another sleep disorder and shoul	d	disorder consultation (FORM B - HLTH 1945).								
		sleep disorder consultation (FC			, and produced the control of the co								
Step 2: D	Determine diagnostic test. A patient with an increased risk of moderate-to-severe OSA should be sent for a Home Sleep Apnea Test (HSAT), unless one or more of the following HSAT exclusion criteria apply (any one item precludes HSAT):				A negative or equivocal HSAT does not rule out OSA. Consider referral to a sleep disorders physician								
sl					(FORM B - HLTH 1945).								
Н													
	Concern for non-respiratory sleep disorder (e.g. chronic insomnia, sleep walking/talking).			ng).	Referring Practitioner Signature								
	☐ Risk of hypoventilation (e.g. neuromuscular disease, BMI ≥ 40 kg/m²).												
		r opiate medication use.											
	Significant cardiopulmonary disease (e.g. history of stroke, heart failure, moderate-to-severe lung disease).												
		_											
	☐ Children < 16 y	ive or equivocal HSAT.											
			administered HSAT (e.g. cognitive,										

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Protection Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts.

HLTH 1944 2021/06/22

Date Signed (YYYY / MM / DD)