

PRESCRIPTION

Sleep Apnea Home Screening



**Thérapie CPAP
Outaouais**



Patient's Information

Name: _____

DoB: _____ Tel.: _____

"In order to comply with the Practice Guide of the Quebec College of Physicians and the Professional Order of Respiratory Therapists of Quebec, Thérapie CPAP Outaouais is now accredited with Accreditation Canada and Cardiorespiratory Sleep Polygraphs (CPSP) are 'scored' and interpreted by Les Cliniques Somnos, under the medical direction of Dr. Julie Plante, respiratory and sleep specialist."

CONTACTEZ-NOUS

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EVALUATION

- ☐ Snoring
- ☐ Pauses of more than 10 secondes
- ☐ Daytime fatigue
- ☐ Night polyuria
- ☐ Waking up choking at night
- ☐ Circumference of the neck more than 41 cm in women and more than 43 cm in men
- ☐ Hypertension
- ☐ Morning headache
- ☐ Epworth Sleepiness Scale → over 10/24 (see reverse)
- ☐ Non restorative sleep
- ☐ Depression
- ☐ Fatigue when driving
- Other: _____

EXAM/TREATMENT

- ☐ Cardiopulmonary Sleep Polygraphy (CPSP) and supported by a respiratory (consultation billed to the RAMQ)
- ☐ Cardiopulmonary Sleep Polygraphy (CPSP) and supported by referring physician
- ☐ Respiratory and sleep specialist consultation (billed to the RAMQ)
- ☐ CPAP autotitration with care by a pulmonologist (billed to the RAMQ)
- ☐ CPAP autotitration with support by referring physician
- Important help tools, on the back, to fill out:**
 - ☐ Epworth Sleepiness Scale
 - ☐ STOP-Bang Questionnaire

Nota: Fees may be charged for canceling appointments within 24 hours and/or for non-compliance with an appointment.

CONSENT: I consent to the treatment of my sleep apnea more quickly, but I can still see my doctor if I think necessary during the process.

Patient's Signature: X _____

CLINICAL INFORMATION

PRESCRIBING PHYSICIAN

Clinic's Name: _____ Date: _____
Physician's Name: _____ Permit: _____
Physician's Signature "needed": _____ Fax No: _____

Office Stamp



EPWORTH SLEEPNISS SCALE

STOP-Bang QUESTIONNAIRE

What is the probability for you to doze off or fall asleep (not just feeling tired) under the following conditions?

Use the scale below to indicate the most appropriate degree for each situation:

- 0 = No risk of dozing off
- 1 = Little chance to doze off
- 2 = Average chance of dosing off
- 3 = Great chance to doze off

Sitting and reading	
Sitting and watching television	
Sitting inactive in public (at the movies or at a meeting)	
As a passenger driving for an hour without stopping	
While lying down to take a nap in the afternoon if the circumstances allow it	
Sitting and chatting with someone	
Sitting quietly after a non-alcoholic meal	
Driving after a few minutes during a traffic jam	
Total:	/24

Criteria for the general population

0-2 "Yes" = **Low risk of OSA**

3-4 "Yes" = **Average risk of OSA**

5-8 "Yes" = **High risk of OSA**

or "Yes" to at least 2 of the first 4 questions + male

or "Yes" to at least 2 of the first 4 questions + BMI >35 kg/m²

or "Yes" to at least 2 of the first 4 questions + neck circumference (43 cm for a man and 41 cm for a women)

	Yes	No
Snoring? Do you snore loudly enough to be heard through a closed door or your partner nudging you because you snore at night?		
Tired? do you often feel tired, exhausted or sleepy during the day (eg., falling asleep at the wheel?		
Observation? Has anyone notice that you stopped breathing or choked/suffocated while you slept?		
Blood pressure? Do you have high pressure or treated for this problem?		
Body mass index greater than 35 kg/m²?		
Age over 50?		
Large neck (measured at the level of the Adam's apple)? Men: Is it greater than or equal to 43 cm? Women: Is it greater than or equal to 41 cm?		
Sex – Male?		

For more information: www.stopbang.ca

www.therapieCPAPoutaouais.com



Thérapie CPAP Outaouais

(Hull sector)

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See the map to get there

Free parking

For any questions or inquiries,
please contact us at **819-778-3748** or at **1-844-878-3748** (toll free)