BRITISH COLUMBIA | Ministry of Health

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

PATIENT INFORMATION (*denotes required field)

Last Name*	First Name*	PHN*

Date of Birth* (YYYY / MM / DD)	Gender	Preferred Language

Primary Contact Number*	Secondary Contact Number	Email

Address

Safety Critical Occupation* – *if Yes, provide detail in Patient History*

◯ Yes ◯ No (e.g. truck, taxi, bus drivers; airline/marine pilots; emergency personel; constructution workers; etc.)

Patient History and Comorbid Conditions - *please note if this is a follow-up HSAT study*

Allergies and Medications

HSAT FACILITY INFORMATION

Facility Name
Coastal Sleep

Address
available on next page

Email
info@coastalsleep.ca

Phone	Fax
1-877-241-9066	**1-877-241-9245**

REFERRING PRACTITIONER

Name*

MSP Number*

Clinic Name

Street Address STAMP

Phone Fax

Primary Care Provider*

◯ Same as Referring Practioner ◯ None

Copy to (full name and Speciality or MSP Number)

DIAGNOSTIC/REFERRAL DECISION PATHWAY

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

Is patient at increased risk of moderate-to-severe OSA?

- If Yes, patient ***requires a diagnostic test***.
- If No and the patient is symptomatic, they may have another sleep disorder and should be referred for a sleep disorder consultation (FORM B - HLTH 1945).

Step 2: 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):

- ☐ Concern for non-respiratory sleep disorder (e.g. chronic insomnia, sleep walking/talking).
- ☐ Risk of hypoventilation (e.g. neuromuscular disease, BMI ≥ 40 kg/m^2).
- ☐ Chronic/regular opiate medication use.
- ☐ Significant cardiopulmonary disease (e.g. history of stroke, heart failure, moderate-to-severe lung disease).
- ☐ Previous negative or equivocal HSAT.
- ☐ Children < 16 years old.
- ☐ Inability to complete necessary steps for self-administered HSAT (e.g. cognitive, 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.

DECISION AND SIGNATURE

***Patient eligible for HSAT?**

◯ Yes ◯ No

- 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-HSAT.pdf.)
- If No, patient should be referred for a sleep disorder consultation (FORM B - HLTH 1945).

A negative or equivocal HSAT does not rule out OSA. Consider referral to a sleep disorders physician (FORM B - HLTH 1945).

Referring Practitioner Signature

Date Signed (YYYY / MM / DD)

CoastalSleep

HSAT FACILITY INFORMATION	
Facility Name Coastal Sleep	
Email info@coastalsleep.ca	
Phone 1-877-241-9066	**Fax** 1-877-241-9245

FAX PRESCRIPTION DIRECTLY TO THE PREFERRED CLINIC, WE WILL CONTACT THE PATIENT

Location	Address	Telephone	Fax
☐ **Abbotsford**	#302 - 33140 Mill Lake Rd, Abbotsford	604-744-0115	**604-744-0199**
☐ **Burnaby**	#601 - 7300 Edmonds Street, Burnaby	604-553-7325	**604-553-7355**
☐ **Coquitlam**	#602 - 2950 Glen Drive, Coquitlam	604-939-3270	**604-939-3260**
☐ **Langley**	#109 - 22314 Fraser Hwy, Langley	604-427-0307	**604-427-0327**
☐ **Nanaimo**	#6 - 100 Wallace Street, Nanaimo	250-591-9936	**250-591-9946**
☐ **Richmond**	#130 - 7360 Westminster Hwy, Richmond	604-279-9066	**604-279-9245**
☐ **Surrey**	#602 - 13737 96 Avenue, Surrey	604-590-0100	**604-590-0199**
☐ **Vancouver**	#515 - 550 W. Broadway, Vancouver	604-325-5667	**604-325-5644**
☐ **White Rock**	#90 - 1959 152nd Street, Surrey	604-385-1200	**604-385-1221**