East Coast Sleep

Offering 3 convenient locations to serve you!

KV: 154 Hampton Road - Unit 108
Rothesay, NB
Tel: (506) 847-5100
Fax: (506) 847-1882

Sussex: 20 Kennedy Drive - Unit 6
Sussex, NB
Tel: (506) 434-7667
Fax: (506) 434-0637

Riverview: 631 Pinewood Road – Unit 102A
Riverview, NB
Tel: (506) 405-0700
Fax: (506) 979-1701

Date: _____

Referred by: _____

Patients Name: _____

Date of Birth: _____ / _____ / _____ Medicare: _____
DD MM YY

Phone Numbers:
Home: _____ Work: _____ Cell: _____

Reason for Referral:
_____

_____

Home Sleep Studies are FREE of charge

☐ I am referring this patient for a sleep study. If the results indicate Sleep Apnea, provide CPAP/ BiPAP machine, mask and trial.

☐ If the Physician Interpreted study indicates Obstructive Sleep Apnea, do not proceed with CPAP trial until results have been reviewed.

☐ Other

Signature:
_____

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STOP-BANG QUESTIONNAIRE

A tool to screen for Obstructive Sleep Apnea.

1. Snoring
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
☐ Yes ☐ No

2. Tired
Do you often feel tired, fatigued, or sleepy during the daytime?
☐ Yes ☐ No

3. Observed
Has anyone observed you stopping breathing during your sleep?
☐ Yes ☐ No

4. Blood Pressure
Do you have or are you being treated for high blood pressure?
☐ Yes ☐ No

5. BMI
Is your body mass index more than 35?
☐ Yes ☐ No

6. Age
Are you older than 50?
☐ Yes ☐ No

7. Neck Circumference
Do you have a neck that measures more than 16 inches (women) and more than 17 inches (men)?
☐ Yes ☐ No

8. Gender
Gender=Male?
☐ Yes ☐ No

Low risk of OSA:	**Intermediate risk of OSA:**	**High risk of OSA:**
Yes to 0-2 questions	Yes to 3-4 questions	Yes to 5-8 questions