

The Snore Centre

201-5540 Windermere Blvd NW

Edmonton, AB, T6W 2Z8

P: 780-761-6671

F: 780-761-6673

E: Windermere@thesnorecentre.com



Sleep-Disordered Breathing Consultation Form

F: 780.761.6673

Patient Information or Patient Label

Date: ___ / ___ / ___
Day Month Year

Last Name _____

Home Phone _____

First Name _____

Cell Phone _____

Address _____

Business Phone _____

Town/City _____

Email _____

Postal Code _____

Preferred Method of Contact _____

Date of Birth (mm/dd/yyyy) _____

Gender M F

Referring Doctor or Office Label

Clinic Name _____

Dr. _____

Address _____

Phone _____

Fax _____

Signature _____

Reason(s) for this Consult

- Snoring
- Breathing pauses or choking episodes at night
- TMD Consultation
- Pediatric Sleep & Orthodontics
- CPAP non-compliance
- MATRx Plus testing

Other Conditions

- Cardiovascular disease
- Diabetes
- High blood pressure
- History of recent weight gain
- Depression
- Other: _____

Additional Comments and Patient History

Patient Contacted: ___ / ___ / ___
Day Month Year

Patient was reminded to arrive **30** minutes before the appointment and bring:

Form Received: ___ / ___ / ___
Day Month Year

List of medications

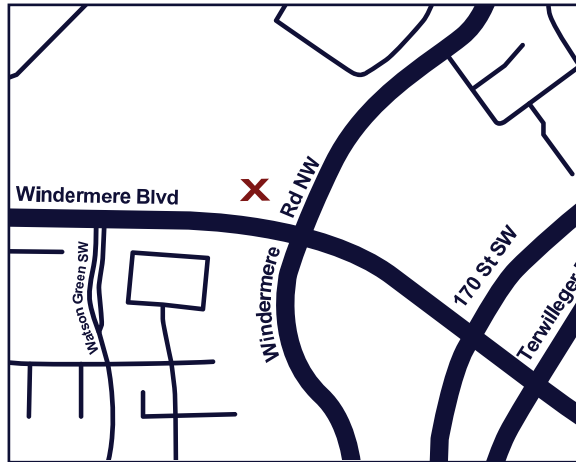
Appointment Date: ___ / ___ / ___
Day Month Year

Any previous sleep studies / reports

Any relevant information, such as CPAP report, etc.

Notes: _____

Office Use Only



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