UNIVERSITY OF ALBERTA

INTER-DISCIPLINARY AIRWAY RESEARCH CLINIC (I-ARC)
Faculty of Medicine & Dentistry

Date: _____ Doctor: _____

Patient: _____ Date of Birth: _____

Patient Contact Phone Number/s: _____

Patient AHC #_____

The examination demonstrated the following consistent with sleep-disordered breathing:

- ☐ Clinical impression (ex. tired, restless, "shiners")
- ☐ Cranio-facial phenotype (constricted maxilla, retrognathic mandible, long face)
- ☐ Signs & Symptoms (ex. snoring, mouth breathing, ADHD)
- ☐ Co-morbidities (ex. asthma, allergies, obesity, family history)
- ☐ Radiographic evidence of obstruction (describe below)

PSQ score = _____ / 22 (please include completed questionnaire with referral)

Additional Notes:

_____

_____

I am referring this patient to the Interdisciplinary Airway Research Clinic for a comprehensive assessment and treatment, including any necessary orthodontic treatment.

If you require any further information please do not hesitate to contact 780-407-5600 ext. 1.

Signed: _____