MedSleep

torontosleepinstitute
Toronto and Thornhill sites
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PEDIATRIC REFERRAL FORM

PLEASE NOTE, WE ARE UNABLE TO ACCEPT THE FOLLOWING REFERRALS AT PRESENT:

- All patients < 4y
- Patients < 13y with the following presentations: Suspected RLS, suspected narcolepsy/hypersomnia, complex parasomnias (associated with self-injurious behaviours and/or suspected nocturnal seizure), craniofacial abnormalities, neuromuscular disease, complex neurological conditions

☐ **TORONTO EGLINTON LOCATION** 586 Eglinton Avenue East Suite 507 Toronto Ontario Canada M4P 1P2 *Phone*: 416-488-6980 *Fax*: 416-488-3998
☐ **TORONTO THORNHILL LOCATION** 390 Steeles Avenue West Suite 208 Thornhill Ontario Canada L4J 6X2 *Phone*: 905-709-9696 *Fax*: 905-709-9764

PERSONAL INFORMATION

Name ______
OHIP Number ______ VC ______
Birth Date ______ Age ______
Height ______ Weight ______ Gender ☐ M ☐ F
Home Phone ______ Work Phone ______
Email ______

REFERRING PHYSICIAN

Physician ______
Billing # ______
Street Address ______
City ______ Postal Code ______
Phone ______ Fax ______
Email ______

REFERRAL FOR

☐ **CONSULTATION & SLEEP STUDY, IF INDICATED**
☐ **SLEEP STUDY ONLY** (*option available if referring MD is a pediatric ENT, sleep physician, or respirologist*)

______
______
______

REASON FOR CONSULTATION

☐ Snoring
☐ Witnessed apneas
☐ Difficulty initiating sleep
☐ Difficulty staying asleep
☐ Circadian concern
☐ Fatigue
☐ Excessive daytime sleepiness
Epworth Sleepiness Scale score (if available) ______
☐ Parasomnia behaviours
(sleep terrors/confusional arousals/sleepwalking)
☐ Restless leg syndrome or periodic limb movements
☐ Other ______

MEDICATIONS

______
______
______

RELEVANT INVESTIGATIONS/PHYSICAL FINDINGS

______
______
______

SPECIAL NEEDS

______
______
______

MEDICAL HISTORY

☐ Obesity with BMI > 35

______
______
______

PSYCHIATRIC HISTORY

______
______
______

COMMENTS

______
______
______
______
______

______
PHYSICIAN'S SIGNATURE

______
DATE

☐ *PLEASE CHECK IF YOU WOULD LIKE US TO SEND YOU MORE REFERRAL FORMS.*

FOR OFFICE: ○ *PED-R* ○ *PED-P* ○ *CBT-I* ○ *PED-NP* ○ *TRIAGE TO ANOTHER CENTRE*