

## PEDIATRIC REFERRAL FORM (Ages 4-18)

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

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

- TORONTO EGLINTON LOCATION** 507–586 Eglinton Avenue East Toronto ON M4P 1P2 Phone: 416-488-6980 Fax: 416-488-3998
- TORONTO THORNHILL LOCATION** 205–7099 Yonge Street Thornhill ON L3T 0H1 Phone: 905-709-9696 Fax: 905-709-9764

### PERSONAL INFORMATION

Name \_\_\_\_\_  
OHIP Number \_\_\_\_\_  
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

**FOR AGES 13-18 ONLY:**

- Difficulty initiating sleep
- Difficulty staying asleep
- Circadian concern
- Assessment for teen CBT-I program
- Fatigue
- Excessive daytime sleepiness
- 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

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\_\_\_\_\_  
\_\_\_\_\_

### PSYCHIATRIC HISTORY

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\_\_\_\_\_  
\_\_\_\_\_

### COMMENTS

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\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

- PLEASE CHECK IF YOU WOULD LIKE US TO SEND YOU MORE REFERRAL FORMS

FOR OFFICE:  PED-R (4-12)  PED-R (13+)  PED-P  
 PED-NP  CBT-I