



- Carleton Place Sleep Clinic
- Kingston - Limestone City Sleep Lab
- MedSleep Napanee
- MedSleep Pembroke
- MedSleep Perth
- West Ottawa Sleep Centre

- Fax: 343-763-2048
- Fax: 613-547-9910
- Fax: 343-893-2267
- Fax: 613-735-9301
- Fax: 343-341-5560
- Fax: 613-722-9100

REASON FOR REFFERAL

- Snoring/Sleep Apnea
- New PAP Device
- Excessive Daytime Sleepiness
- Frequent Awakenings
- Narcolepsy/Cataplexy
- Sleep Behaviour Disorder
(shouting/kicking/walking/sex/talking)
- Restless Legs Syndrome
- Sleep Schedule Disorder
- Sleep Initiation Insomnia
- Pre-Operative Assessment
- Other _____

REVELVANT MEDICAL HISTORY

- (attach CPP with Medication List)*
- CAD / CHF / Cardiac Arrhythmia
 - Stroke / TIA
 - COPD O2 Use
 - Resistant Hypertension
 - Current Pregnancy
 - Sleep Apnea
 - Currently Adherent to therapy?
 Yes No
 - Previous Sleep Study Date:
(please enclose previous test results)

Location: _____

- Diabetes
 - Seizures/Epilepsy
 - Morbid Obesity
 - Asthma
 - Mood / Anxiety Disorder
 - Chronic Pain
- Other Conditions: _____

For Office Use:

REFERRAL REQUEST

- Urgent Routine Safety Critical Occupation
- CONSULTATION *(REQUIRED if patient has had a previous study/diagnosis)*
- SLEEP STUDY AND CONSULTATION
- DIAGNOSTIC SLEEP STUDY ONLY *(no previous testing)*

PATIENT INFORMATION

Name _____

OHIP _____ Version Code _____

Height _____ Weight _____

Date of Birth _____ Sex (at birth) _____

Home Phone _____ Cell Phone _____

Home Address _____

City _____ Postal Code _____

Email _____

REFERRING PRACTITIONER

Name _____

Billing # _____

Address _____

City _____ Postal Code _____

Phone _____ Fax _____

Practice Model so you will not be negated:
 FHT FHO FHG FHN FFS HSO

FAMILY PHYSICIAN (if different)

Name _____ Fax _____

CURRENT MEDICATIONS WITH DOSES OR LIST ATTACHED

SPECIAL ACCOMMODATIONS

- Language
- Ambulation
- Care Assistance (Caregiver/ Parent)

Referring Practitioner Signature: _____ Date: _____