



Chart No.		
Last name		
First Name	DOB	S
Address	Postal Code	
Phone no.		
Home	Work	
Provincial Ins. No.	Version	Expiration (date)

SLEEP MEDICINE PROGRAM REQUISITION

Sleep study or consult: phone: 613-761-4636 fax: 613-761-5211
Civic Campus: 1053 Carling Ave., Ottawa, Ontario K1Y 4E9

PLEASE COMPLETE IN FULL
PRINT name of Referring Physician

Tel. no. _____ Fax no. _____

Signature of Referring Physician _____

Who else should be sent a copy? _____

Physician Office Stamp

The following information is required for all sleep study requests

1 Has the patient previously had a sleep study? (Ontario only covers 1 initial test; if so, a pre-study consult is required).

If so, WHEN AND WHERE: _____

2 Is the patient's weight greater than 400 lbs/180 kg yes no

Appointment: Date: _____ Time: _____

Please indicate level of request:

Routine Protocol (to include sleep study, and if indicated by results MWT, MSLT or any therapeutic study) and/or a consultation

Sleep Specialist consultation **ONLY** (no sleep study)-name of preferred sleep specialist, if any
Next available sleep specialist please _____

URGENT please
Defective PAP Device, needs a replacement, presently on loaner device from Inspiration Medic

MSLT (Multiple Sleep Latency Test)

MWT (Maintenance of Wakefulness)

Reason for referral (clinical history)

Snoring (rule out sleep apnea)

Insomnia

CPAP or other specify: **DEFECTIVE PAP device/ needs a replacement**

Daytime sleepiness/tiredness

Restless legs (periodic leg movements)

Nocturnal Behaviour (sleep walking, sleep talking)

Additional information:

Please list medications patient is currently on:

Please indicate if there are any special needs (eg.: ambulating, transferring, attendant care, interpreter)

FOR SLEEP CENTRE USE ONLY: (triage and special requests)

When checking off multiple requests, please indicate in numerical order the sequence of tests/clinic

Routine Urgent PSG CPAP Other-Specify (Split, Bilevel, ASV etc...) _____

MSLT MWT Clinic Only RTC (Return to clinic)

Special Instructions/Comments (TCCO₂, Supine vs Sides, etc.) | Note to interpreter