

BURLINGTON SLEEP MEDICINE CENTRE

809 Brant Street, Suite 2, Burlington, Ontario L7R 2J4

www.sleepawake.com

Office: (905) 338-3331

Lab: (905) 632-9015

Fax: (905) 338-2923

SLEEP STUDY REQUISITION

Please Complete All Sections in Full

1. PATIENT INFORMATION

LAST _____

FIRST _____

DATE OF BIRTH _____

MALE FEMALE

HEALTH CARD NO. _____ VC _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE(HOME) (_____) _____

PHONE(CELL) (_____) _____

2. REQUEST FOR:

ROUTINE URGENT

SLEEP STUDY AND CONSULTATION

SLEEP STUDY ONLY

CONSULTATION ONLY

IMPORTANT: HAS A SLEEP STUDY BEEN DONE

PREVIOUSLY HERE OR AT ANY OTHER FACILITY?

NO YES IF YES, PLEASE SPECIFY THE DATE OF THE

LAST SLEEP STUDY _____

CLINICAL INFORMATION

3. REASON FOR REFERRAL:

SNORING INSOMNIA

SUSPECTED OSA RESTLESS LEGS

EXCESSIVE DAYTIME SLEEPINESS

NARCOLEPSY (REQUIRES DAYTIME TEST)

ABNORMAL SLEEP BEHAVIOUR (SLEEP WALKING/TALKING)

OTHER: _____

4. RELEVANT MEDICAL HISTORY

IS PATIENT ON CPAP?

NO YES: _____ CMH₂O

IS PATIENT ON OXYGEN?

NO YES: _____ L/M

AT NIGHT ONLY DAY AND NIGHT

OTHER: _____

5. REFERRING PHYSICIAN INFORMATION

NAME _____

OHIP BILLING NO. _____

ADDRESS _____

PHONE (_____) _____ FAX (_____) _____

COPY TO _____

SIGNATURE _____

6. ADDITIONAL COMMENTS AND MEDICATIONS:

FOR OFFICE USE ONLY

- PSG
- CPAP titration
- CPAP at home pressure of _____ all night
- MSLT
- MWT

MEDICAL DIRECTOR SIGNATURE

S/S DATE: _____

CONSULT DATE: _____

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PATIENT INFORMATION



Study Date: _____

Study Time: _____

Dear _____

Your overnight sleep study has been booked for the above date and time. Please call to confirm your appointment when you receive this letter.

The sleep lab is located at 809 Brant Street, Suite 2.

IMPORTANT: If you need to reschedule or cancel your sleep study, you must give us at least 2 working days notice or a \$150 missed appointment fee will be charged.

FOR YOUR INFORMATION

Your sleep study will be conducted overnight while you sleep. At the clinic, a technologist who will attend to you for the evening will greet you. Electrodes will be attached to the surface of the skin with tape and a small amount of gel to monitor various functions during the night. There is no discomfort and virtually everyone is able to sleep without any difficulty. You will be in a private room and under continuous audio-visual monitoring throughout your stay.

It is necessary for you to bring comfortable clothing to sleep in. You can wear pajamas, nightgown, or shorts and a T-shirt. Just make sure that it is comfortable and that you will be able to sleep in it.

Overnight parking is available immediately beside the clinic. Parking is free.

You will be awakened between 6:00 and 6:30 a.m. in the morning following your test. Finishing your study will take a further 30 minutes. You will be able to leave about 6:30 to 7:00 a.m. If you need to leave earlier, please inform the technologist so that he or she can make adjustments.

In order for us to achieve the best possible results, please read and follow the instructions below:

- **ARRIVE ON TIME**, set up takes approximately one hour and we need to make sure that we get enough of your sleep recorded.
- Remember to bring your **Ontario Health Card**.
- Do not drink any alcoholic beverages for 12 hours prior to the sleep study.
- Do not consume caffeine after 6 p.m. on the night of your sleep study, i.e. coffee, tea, colas, chocolate.
- Bring all your **medications** and take them as usual, unless advised by the doctor.
- **If you are on Nasal CPAP or Oxygen, please bring your equipment with you. CPAP Patients bring mask and hose ONLY.**
- Do not nap the day of your sleep study.
- If you are diabetic, please bring a snack with you as food is not available at the clinic.
- Please bring personal hygiene items to the sleep lab, as well as your nightclothes. You may also bring with you a favourite pillow or something similar to help you sleep.
- You may wish to bring reading material in case of unexpected delays.
- **Leave all valuables at home.** Sleep Medicine Centre cannot assume responsibility for loss of personal possessions.
- In order to obtain the best results, you must have clean skin. **Please make sure that your hair and skin are clean and free of cosmetics, oils, creams or gels on the day of your test.**
- Please refrain from wearing coloured nail polish and also acrylic nails if possible, as it prevents accurate readings from the equipment.
- **PLEASE RING DOOR BELL ON ARRIVAL.**
- If you have any further questions or require further clarification on the instructions, please call us.
- **A MISSED APPOINTMENT FEE OF \$150 WILL BE CHARGED IF 2 WORKING DAYS NOTICE IS NOT GIVEN.**

PATIENT'S COPY