



www.acqsleeplabs.com

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For Lab Use only:

- PSG:
- CPAP / Re-Tx / BiLevel / ASV:
- PSG/CPAP Split Night:
- CPAP/BiLevel Split Night:
- MSLT / MWT:

Clinic Follow up:

Scoring Urgency: ASAP/Semi-Urgent/ _____ weeks

REQUEST FOR SLEEP STUDY

REQUESTING HEALTHCARE PROFESSIONAL TO COMPLETE

The information you provide is vital to the selection of the correct sleep study for your patient.

PLEASE PRINT CLEARLY (MUST COMPLETE SECTIONS I, II, III, IV & V)

SECTION I - Demographics

Patient Name: _____

Address: _____

City: _____

Postal code: _____

Health Card: _____

Date of birth: _____

Requesting healthcare professional: _____

Signature: _____ OHIP billing: # _____

Family physician: _____

Referring healthcare professional: _____

Phone: _____

Work: _____

Cell: _____

Email: _____

Pertinent history, physical findings and investigation results:

Height: _____ Weight: _____ BMI: _____
RESP

CVS

CNS

METABOLIC

AIRWAY SURGERY

PRE-SURGICAL ASSESMENT YES NO

SECTION III - Symptoms leading to referral:

- Snoring
- Snoring with apnea
- Somnolence
- Unrefreshing sleep
- Fatigue
- Difficulty getting to sleep
- Difficulty staying asleep
- Frequent awakenings
- Daytime restless legs
- Repetitive movement during sleep
- Abnormal behaviour during sleep
- Other(specify) _____

SECTION IV - Provisional Diagnosis:

- Sleep Apnea
- UARS
- Narcolepsy
- Restless Leg Syndrome/Periodic Limb Movement Disorder
- Other(specify) _____

COMMENTS:

SECTION V - Services Requested:

- Sleep Study
- CPAP Study
- Split-Night Study
- PSG+MSLT
- BIPAP Study
- Consultation

Current Medications (may affect sleep quality): _____

NOTE:

Booking Urgency (specify): _____
Date of Request: _____

On O₂ _____ L/min

CPAP _____ cm H₂O

BIPAP _____ cm H₂O

NOTE:

- The patient should be able to care for self during time in the Sleep Lab.
- Please specify any special care needs.

FOR SLEEP LABORATORY USE ONLY

Provisional diagnosis:

- OSA
- UARS
- Central/Mixed Sleep Apnea
- Narcolepsy
- REM Sleep Behaviour Disorder
- RLS/PLMD
- Other _____

COMMENTS:

- Currently on APAP trial
- Full-face mask to be used
- ETCO₂ Monitoring
- Seizure/RBD montage
- Fall risk
- Other _____

On O₂ _____ L/min

CPAP _____ cm H₂O

BIPAP _____ / _____ cm H₂O

Rx: _____

Signature: _____