SnoozeNews

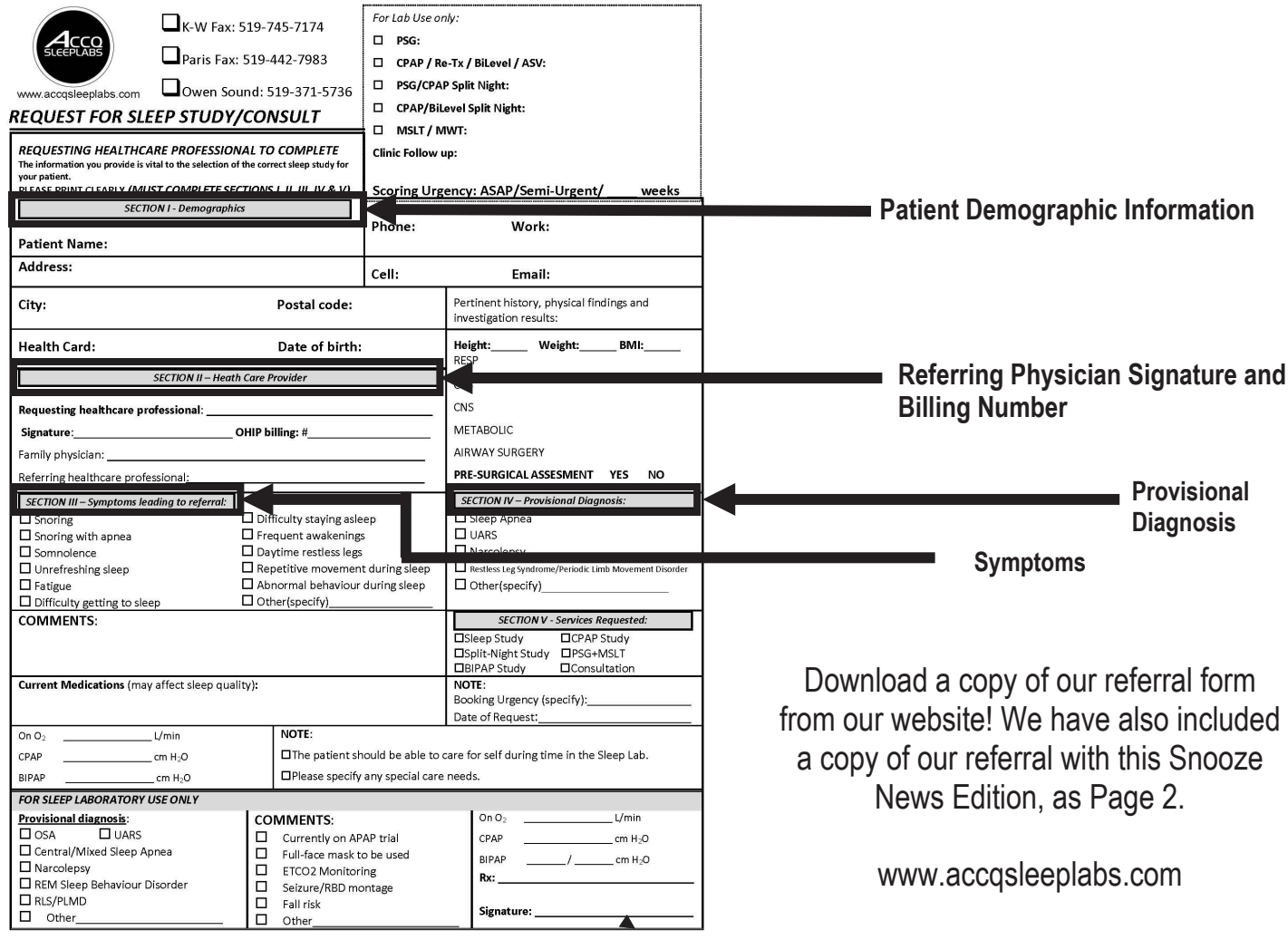
ACCQ SLEEPLABS

February 2016

Thank you for your referrals!

Thank you for your continued support of Accq Sleep Labs; also known as the "KW Sleep Lab," "Paris Sleep Lab," and "Owen Sound Sleep Lab." Our team is always working hard to ensure we provide exceptional patient care and maintain the highest of standards.

We have updated our referral form over the last couple of months to ensure that we have all the necessary information we need about your patients when you are referring them to one of our labs. In order to serve you better, please take a look at our referral below and the areas in which we ask that all information is filled out in full.



ACCQ SLEEPLABS
www.accqsleeplabs.com

☐ K-W Fax: 519-745-7174
☐ Paris Fax: 519-442-7983
☐ Owen Sound: 519-371-5736

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/CONSULT

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: **Phone:** **Work:**
Address: **Cell:** **Email:**
City: **Postal code:**
Health Card: **Date of birth:**

Pertinent history, physical findings and investigation results:
Height:_____ **Weight:**_____ **BMI:**_____
RESP
CNS
METABOLIC
AIRWAY SURGERY
PRE-SURGICAL ASSESMENT **YES** **NO**

SECTION II – Heath Care Provider
Requesting healthcare professional: _____
Signature:_____ **OHIP billing: #**_____
Family physician: _____
Referring healthcare professional: _____

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 O_2 _____ L/min
CPAP _____ cm H_2O
BIPAP _____ cm H_2O

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 O_2 _____ L/min
CPAP _____ cm H_2O
BIPAP _____/_____ cm H_2O
Rx: _____
Signature: _____

ASL-RSS-071014

Patient Demographic Information

Referring Physician Signature and Billing Number

Provisional Diagnosis

Symptoms

Download a copy of our referral form from our website! We have also included a copy of our referral with this Snooze News Edition, as Page 2.

www.accqsleeplabs.com

Accq Sleep Lab Locations

KW Sleep Lab
295-180 King Street S.
Waterloo, Ontario
N2J 1P8
Tel: 519-745-2621

Paris Sleep Lab
139 Grand River Street N.
Paris, Ontario
N3L 2M4
Tel: 519-442-6389

Owen Sound Sleep Lab
945 3rd Avenue East
Owen Sound, Ontario
N4K 2K8
Tel: 519-371-5217

ADP Registered Facilities & Physicians
Dr. E.H. Tadross | Dr. C.W. Galarraga | Dr. H. Singh | Dr. C. Ogugua | Dr. A.K. Nagpal | Dr. J. Nemni
Members of the Ontario Telemedicine Network (OTN), allowing our physicians to perform consultations remotely