



www.accqsleeplabs.com

- Paris Fax: 519-442-7983
- Waterloo Fax: 519-745-7174
- 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:

## REQUEST FOR SLEEP STUDY/CONSULT

Clinic Follow up:

Scoring Urgency: **ASAP/Semi-Urgent/** \_\_\_\_\_ **weeks**

<b>REQUESTING HEALTHCARE PROFESSIONAL TO COMPLETE</b> The information you provide is vital to the selection of the correct sleep study for your patient. PLEASE PRINT CLEARLY <b>(MUST COMPLETE SECTIONS I, II, III, IV &amp; V)</b>	
<b>SECTION I - Demographics</b>	
<b>Patient Name:</b> _____	<b>Phone:</b> _____ <b>Work:</b> _____
<b>Address:</b> _____	<b>Cell:</b> _____ <b>Email:</b> _____
<b>City:</b> _____ <b>Postal code:</b> _____	Pertinent history, physical findings and investigation results:
<b>Health Card:</b> _____ <b>Date of birth:</b> _____	<b>Height:</b> _____ <b>Weight:</b> _____ <b>BMI:</b> _____ RESP _____
<b>SECTION II - Health Care Provider</b>	
<b>Requesting healthcare professional:</b> _____	
<b>Signature:</b> _____ <b>OHIP billing: #</b> _____	
<b>Family physician:</b> _____ <b>FAMILY HEALTH TEAM</b>	
<b>Referring healthcare professional:</b> _____	
<b>SECTION III - Symptoms leading to referral:</b>	<b>SECTION IV - Provisional Diagnosis:</b>
<input type="checkbox"/> Snoring <input type="checkbox"/> Snoring with apnea <input type="checkbox"/> Somnolence <input type="checkbox"/> Unrefreshing sleep <input type="checkbox"/> Fatigue <input type="checkbox"/> Difficulty getting to sleep	<input type="checkbox"/> Sleep Apnea <input type="checkbox"/> UARS <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Restless Leg Syndrome/Periodic Limb Movement Disorder <input type="checkbox"/> Other(specify) _____
<b>COMMENTS:</b>	<b>SECTION V - Services Requested:</b>
	<input type="checkbox"/> Sleep Study <input type="checkbox"/> Consultation <input type="checkbox"/> BIPAP Study <input type="checkbox"/> CPAP Study <input type="checkbox"/> Split-Night Study <input type="checkbox"/> PSG + MSLT <input type="checkbox"/> Sleep Study & Consultation
<b>Current Medications</b> (may affect sleep quality):	<b>NOTE:</b> Booking Urgency (specify): _____ Date of Request: _____
On O <sub>2</sub> _____ L/min CPAP _____ cm H <sub>2</sub> O BIPAP _____ cm H <sub>2</sub> O	<b>NOTE:</b> <input type="checkbox"/> The patient should be able to care for self during time in the Sleep Lab. <input type="checkbox"/> Please specify any special care needs.
<b>OUR LOCATIONS</b>	
<b>AccqSleepLabs Paris</b> 139 Grand River Street North Paris, Ontario N3L 2M4  <b>Telephone: 519-442-6389</b> <b>Fax: 519-442-7983   226-225-9927</b>	<b>AccqSleepLabs Waterloo</b> 180 King Street South, Suite 295 Waterloo, Ontario N2J 1P8  <b>Telephone: 519-745-2621</b> <b>Fax: 519-745-7174   226-666-8967</b>
<b>AccqSleepLabs Owen Sound</b> 945 3rd Avenue East, Suite 11 Owen Sound, Ontario N4K 2K8  <b>Telephone: 519-371-5217</b> <b>Fax: 519-371-5736   226-909-0267</b>	