

CAMBRIDGE MEMORIAL HOSPITAL SLEEP DISORDERS CLINIC

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NEW OHIP REGULATIONS AS OF APRIL 1 2012:
Check appropriate box: referral will be returned if no X
 Sleep study; consult; treatment if required
 Diagnostic sleep study only, no consult, no treatment
 Consult; followed by diagnosis and treatment if required

REFERRALS CAN BE SUBMITTED ONLINE AT WWW.SLEEP-CLINIC-REFERRALS.CA

PATIENT'S NAME (last/ first): _____ DOB: _____
(DD/MM/YYYY)

ADDRESS: _____

HEALTH CARD NUMBER: _____ VERSION CODE: _____

PHONE NUMBER: _____ AFTER HOURS/ CELL: _____

PATIENT'S EMAIL ADDRESS: _____

REFERRING PHYSICIAN'S NAME: (PLEASE PRINT) _____

PHYSICIAN'S SIGNATURE: _____ PHYSICIAN'S BILLING NUMBER: _____

FAMILY DOCTOR (if different to referring doctor): _____

IMPORTANT: It is imperative that each section on this requisition be filled out as patients are prioritized according to severity of symptoms. Your office will be notified of the sleep study appointment/ office visit by mail. Please notify your patient of their appointment, our cancellation policy, and that they should check our website for instructions prior to attending the overnight appt.

Patient should be able to care for self in sleep lab.

- Problems with mobility
 Incontinence Urinary Fecal
 Communication (Hearing impaired, language, etc)
 Developmental/Psychological Disorder
 History of Violence History of Seizure Disorder
 Infectious Disease TB MRSA VRE

Specify.

 Other _____

SYMPTOMS LEADING TO REFERRAL:

- Snoring
 Snoring with apnea
 Significantly overweight (BMI >30)
Height _____ Weight _____
 Unrefreshing sleep
 Excessive daytime sleepiness

- Frequent awakenings
 Difficulty initiating or maintaining sleep
 Restless legs
 Unusual movement during sleep
 Abnormal behaviour during sleep
 Other (specify) _____
 Oxygen _____ l/min

WORKING DIAGNOSIS: Sleep apnea Insomnia

Narcolepsy Restless Legs Syndrome Other

OTHER MEDICAL DIAGNOSES: (Specify)

- Cardiac History
 DM

- Hypertension
 Medically Stable
 Other(specify) _____

- Patient has had a sleep study within past five years.
 Sleep study more than five years ago.

Reports for studies done at other laboratories within past five years must be provided in order for a booking to be made.

- Patient has been treated with CPAP in the past.
 Patient is currently on CPAP: current pressure _____
 BIPAP IPAP ___ cm H2O EPAP _____ cm H2O

We offer last minute appointments available at short notice.

