



Etobicoke-Brampton  
Sleep Clinic

106 Humber College Blvd., Suite 202  
Etobicoke, Ontario M9V 4E4  
Tel: 416-742-0680 • Fax: 416-742-0681  
Email: ebsleepclinic1@bellnet.ca

# SLEEP STUDY REQUISITION

*Please Complete All Sections in Full*

**PATIENT NAME:** \_\_\_\_\_ **Sex:**  Male  Female

**D.O.B. (dd/mm/yy)** \_\_\_\_\_ **HCN** \_\_\_\_\_ **Version Code** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Bus. #** \_\_\_\_\_ **Family Physician** \_\_\_\_\_

**SERVICE REQUESTED - FOR:**  CONSULT WITH SLEEP STUDIES AS REQUIRED

SLEEP STUDY ONLY  CONSULT ONLY  CPAP FOLLOW-UP

Attention To  Dr. C. Rodriguez  Dr. A. Saxena  Dr. M. Bryer  First available doctor

**REASON FOR REFERRAL**

<input type="checkbox"/> Snoring	<input type="checkbox"/> Non-restorative sleep	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypersomnolence/Fatigue	<input type="checkbox"/> Narcolepsy
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Morning Headaches	<input type="checkbox"/> Periodic Leg Movements/Restless legs
<input type="checkbox"/> Parasomnia	<input type="checkbox"/> Nocturnal Seizure	<input type="checkbox"/> Post Surgery F/U
<input type="checkbox"/> Oral Appliance F/U	<input type="checkbox"/> CPAP Follow-up	<input type="checkbox"/> MSLT/MWT
<input type="checkbox"/> Shift Work Problems	<input type="checkbox"/> Excessive Daytime Sleepiness	

Others: \_\_\_\_\_

**MEDICAL HISTORY**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Angina	<input type="checkbox"/> Depression	<input type="checkbox"/> Parkinson's disease
<input type="checkbox"/> COPD	<input type="checkbox"/> Cardiac Arrhythmias	<input type="checkbox"/> Anxiety disorders	<input type="checkbox"/> Dementia
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Obesity	<input type="checkbox"/> Seizures	<input type="checkbox"/> Bruxism (teeth grinding)
<input type="checkbox"/> CAD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> GERD
<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Other Health Related Problems: _____	

**Current Medications:** \_\_\_\_\_

Has this patient had a sleep study done previously?  No  Unknown  Yes, study was done on \_\_\_\_\_

<p><b>REFERRING PHYSICIAN</b>      <b>Billing #</b> _____</p> <p><b>Name:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p>_____ <b>Postal Code:</b> _____</p> <p><b>Phone #:</b> _____ <b>Fax #:</b> _____</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>FOR OFFICE USE ONLY</b></p> <p>Approved By: _____</p>
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# *Etobicoke-Brampton Sleep Clinic*

106 Humber College Blvd., Suite 202, Etobicoke, Ontario M9V 4E4  
Phone (416)-742-0680 • Fax: (416) 742-0681

Name: \_\_\_\_\_

Sleep Study Date: \_\_\_\_\_ Time: \_\_\_\_\_

You have been booked for an overnight sleep study at the Etobicoke-Brampton Sleep Clinic. During your study we will be monitoring your sleep patterns, including brain wave activity, respiration, heart rate and blood oxygen levels. Testing is done on the surface of the skin with electrodes and other monitoring equipment. No needles are involved.

In order to ensure that we are able to achieve the best possible results, please read and follow the instructions below:

- Please bring **comfortable sleep clothes** as well as **personal hygiene items**.
- Bring all your **medications** to the sleep lab, even if you do not have to take them while you are here. We prefer that you bring your actual medications.
- Remember to bring your **Health Card**
- We suggest you bring a book or magazine.
- Please wash your hair on the day of your study. For men, we request that you shave (moustache and beards exempted). For women, kindly remove all make-up.
- Do not consume any alcohol or caffeine for 24 hours before you come to the clinic. Examples of such food are coffee, tea, chocolate, etc.
- Leave any valuables at home. Etobicoke-Brampton Sleep Clinic cannot assume responsibility for any loss of personal possessions.
- You will be asked to complete several questionnaires. If you require reading glasses, please bring these with you as well. The technician will help you with the questionnaires.

### **What if I cancel?**

Cancellations are reasonable only for illness or personal emergencies. We ask that you notify the clinic 48 hours in advance if a cancellation is necessary. If advance notice is not given and we are unable to fill your spot, you will be charged an administrative fee.

### **What time can I sleep?**

Once you've been "set up" you can sleep whenever you choose. We will try and accommodate you for your normal bedtime, within reason.

### **What time can I leave in the morning?**

You will be awakened between 5:30-6:00 am the following morning. The equipment will be disconnected and there will be a short questionnaire to complete. Earlier wake-up times can be arranged if needed.

### **What if I need to go the washroom during the night?**

You will be able to contact the technician by pressing a buzzer located beside your bed. The technician will simply "unplug" a device that is connected to the computers.

### **Any final instructions?**

Please call the clinic to confirm your appointment as soon as possible. If you have any concerns, please contact us at **(416) 742-0680**, Monday to Friday between the hours of 9:00 am to 5:00 pm. During the evening, weekend feel free to leave a message at the same number.