

## -REFERRING DOCTOR

Referring Physician: Dr. \_\_\_\_\_ Billing #: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email (Optional): \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

## -PATIENT DEMOGRAPHIC

Name: \_\_\_\_\_  
OHIP#: \_\_\_\_\_ - \_\_\_\_\_  
DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Gender: ☐ Male ☐ Female  
Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
First Last Version Code

Current PAP Machine User? ☐ Yes ☐ No  
If yes, date of the latest sleep test - Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

## -REASON(S) FOR REFERRAL

PAP Machine Trial  
Sleep Study  
Sleep Consultation only  
PAP Machine Re-assessment  
Sleep Study and Consultation

## -TYPE OF SLEEP STUDY REQUESTED

Diagnostic Sleep Study  
PAP Machine Titration

## -REASON(S) FOR SLEEP STUDY

Snoring / Suspected Sleep Apnea  
Cardiovascular Risk Factors  
Excessive Daytime Sleepiness  
Narcolepsy  
Insomnia  
Abnormal Sleep Pattern  
Restless Leg  
Others: \_\_\_\_\_

## -RELEVANT MEDICAL INFORMATION AND HISTORY

Relevant Medical Conditions: \_\_\_\_\_  
Medication(s) : \_\_\_\_\_

## -IF PATIENT is a PAP MACHINE USER, PLEASE ANSWER BELOW:

CPAP	>	Set at _____ cmH2O Ramp _____ mins Pressure Relief _____
Auto PAP	>	Min _____ cmH2O Max _____ cmH2O Pressure Relief _____
Bi-Level PAP	>	IPAP _____ cmH2O and EPAP _____ cmH2O PS _____ cmH2O
Auto Bi-Level PAP	>	IPAP _____ cmH2O and EPAP _____ cmH2O PS _____ cmH2O

## -COMMUNICATIONS WITH PATIENT'S HEALTHCARE PROVIDER(S)

Is patient currently under the care of a sleep physician?	Yes	No
If yes, name of the sleep physician: _____		
If no, would you like us to recommend a sleep physician?	Yes	No
Is patient currently under the care of a sleep clinic?	Yes	No
If yes, name of the sleep clinic: _____		
If no, would you like us to recommend a sleep clinic?	Yes	No
Any other healthcare provider(s) and/or specialist(s) whom we should send a copy of the patient's records to?		
If yes, please specify: _____		