

OAKVILLE SLEEP MEDICINE CENTRE

420 North Service Road East, Suite 1&2, Oakville, Ontario L6H 5R2
www.sleepawake.com

Office: (905) 338-3331 Lab: (905) 845-4370 Fax: (905) 338-2923

SLEEP STUDY REQUISITION

Please Complete All Sections in Full

1. PATIENT INFORMATION

LAST _____
 FIRST _____
 DATE OF BIRTH _____
 DD/MM/YYYY MALE FEMALE
 HEALTH CARD NO. _____ VC _____
 ADDRESS _____
 _____ POSTAL CODE _____
 PHONE(HOME) (____) _____
 PHONE(CELL) (____) _____

2. REQUEST FOR:

- ROUTINE URGENT
- SLEEP STUDY AND CONSULTATION
- SLEEP STUDY ONLY
- CONSULTATION ONLY

IMPORTANT: HAS A SLEEP STUDY BEEN DONE PREVIOUSLY HERE OR AT ANY OTHER FACILITY?

- NO YES IF YES, PLEASE SPECIFY THE DATE OF THE LAST SLEEP STUDY / WHERE _____
 (ATTACH PREVIOUS RESULTS IF AVAILABLE)

CLINICAL INFORMATION

3. REASON FOR REFERRAL:

* A minimum of 2 symptoms required for sleep study

- SNORING INSOMNIA
 SUSPECTED OSA RESTLESS LEGS
 EXCESSIVE DAYTIME SLEEPINESS
 NARCOLEPSY (REQUIRES DAYTIME TEST)
 ABNORMAL SLEEP BEHAVIOUR (SLEEP WALKING/TALKING)
 OTHER: _____

4. RELEVANT MEDICAL HISTORY

IS PATIENT ON CPAP?

- NO YES: _____ CMH₂O

IS PATIENT ON OXYGEN?

- NO YES: _____ L/M

AT NIGHT ONLY DAY AND NIGHT

OTHER: _____

5. REFERRING PHYSICIAN INFORMATION

NAME _____
 OHIP BILLING NO. _____
 ADDRESS _____
 PHONE (____) _____ FAX (____) _____
 COPY TO _____
 SIGNATURE _____

6. ADDITIONAL COMMENTS AND MEDICATIONS LIST:

FOR OFFICE USE ONLY

- PSG
 CPAP titration
 CPAP at home pressure of _____ all night
 MSLT
 MWT

 MEDICAL DIRECTOR SIGNATURE

S/S DATE: _____ CONSULT DATE: _____

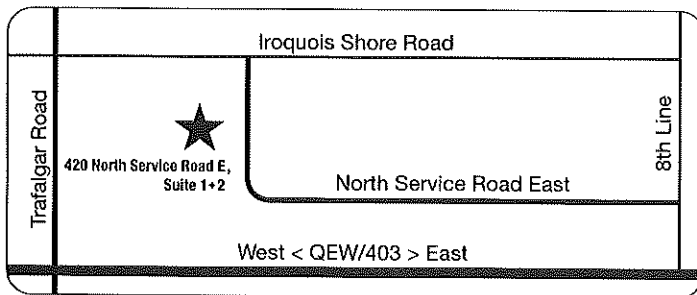
RESULTS RETURNED WITHIN TWO WEEKS

OAKVILLE SLEEP MEDICINE CENTRE

420 North Service Road East, Suite 1&2, Oakville, Ontario L6H 5R2

www.sleepawake.com Office: (905) 338-3331 Lab: (905) 845-4370 Fax: (905) 338-2923

PATIENT INFORMATION



Study Date: _____

Study Time: _____

Dear _____

Your overnight sleep study has been booked for the above date and time. Please call to confirm your appointment when you receive this letter.

The sleep lab is located at 420 North Service Road East. The entrance is located on the West side of the street.

IMPORTANT: If you need to reschedule or cancel your sleep study, you must give us at least 2 working days notice or a \$150 missed appointment fee will be charged.

FOR YOUR INFORMATION

Your sleep study will be conducted overnight while you sleep. At the clinic, a technologist who will attend to you for the evening will greet you. Electrodes will be attached to the surface of the skin with tape and a small amount of gel to monitor various functions during the night. There is no discomfort and virtually everyone is able to sleep without any difficulty. You will be in a private room and under continuous audio-visual monitoring throughout your stay.

It is necessary for you to bring comfortable clothing to sleep in. You can wear pajamas, nightgown, or shorts and a T-shirt. Just make sure that it is comfortable and that you will be able to sleep in it.

Overnight parking is available immediately beside the clinic. Parking is free.

You will be awakened between 6:00 and 6:30 a.m. in the morning following your test. Finishing your study will take a further 30 minutes. You will be able to leave about 6:30 to 7:00 a.m. If you need to leave earlier, please inform the technologist so that he or she can make adjustments.

In order for us to achieve the best possible results, please read and follow the instructions below:

- **ARRIVE ON TIME**, set up takes approximately one hour and we need to make sure that we get enough of your sleep recorded.
- Remember to bring your **Ontario Health Card**.
- Do not drink any alcoholic beverages for 12 hours prior to the sleep study.
- Do not consume caffeine after 6 p.m. on the night of your sleep study, i.e. coffee, tea, colas, chocolate.
- Bring all your **medications** and take them as usual, unless advised by the doctor.
- **If you are on Nasal CPAP or Oxygen, please bring your equipment with you. CPAP Patients bring mask and hose ONLY.**
- Do not nap the day of your sleep study.
- If you are diabetic, please bring a snack with you as food is not available at the clinic.
- Please bring personal hygiene items to the sleep lab, as well as your nightclothes.
- You may wish to bring reading material in case of unexpected delays.
- **Leave all valuables at home.** Sleep Medicine Centre cannot assume responsibility for loss of personal possessions.
- In order to obtain the best results, you must have clean skin. **Please make sure that your hair and skin are clean and free of cosmetics, oils, creams or gels on the day of your test.**
- Please refrain from wearing coloured nail polish and also acrylic nails if possible, as it prevents accurate readings from the equipment.
- **PLEASE RING DOOR BELL ON ARRIVAL.**
- If you have any further questions or require further clarification on the instructions, please call us.
- **A MISSED APPOINTMENT FEE OF \$150 WILL BE CHARGED IF 2 WORKING DAYS NOTICE IS NOT GIVEN.**

PATIENT'S COPY