The Le Royal

Mental Health - Care & Research
Santé mentale - Soins et recherche

A. Douglass, MD, FRCP(C) - Psychiatry
Diplomate, American Board of Sleep Medicine

L. Soucy, MD, RCP(C) Psychiatry
Diplomate, American Board of Sleep Medicine

E. Lee, MD, FRCP(C) – Psychiatry
Diplomate, American Board of Sleep Medicine

REQUISITION FOR SLEEP STUDY OR CONSULTATION

Please complete in full and return by mail to
1145 Carling Avenue, Ottawa, Ontario K1Z 7K4, or by fax to 613.798.2980.

We will fax back the appointment date and time. It is the responsibility of the referring MD's office to inform the patient.
For more information about the Sleep Clinic, phone 613.722.6521 ext. 6248 or visit www.theroyal.ca/sleep

Referring Physician Information

Name	Address	Phone	Fax

Patient Information

Languages ❑ English only ❑ French only ❑ Both

Surname	Given Names	Date of Birth (DD/MM/YY)	Marital Status	Sex M F

Address	Postal Code	Home Phone

Employer	Work Phone

Health Card No.	Version Code	Expiry Date

Family Physician ❑ same as above	Address	Phone No

Reason for Referral (check all that apply)

❑ Snoring/sleep apnea
❑ Daytime sleepiness/tiredness
❑ Insomnia/difficulty sleeping
❑ Restless legs/periodic leg movements
❑ Nocturnal behaviours *(i.e. sleepwalking, sleep talking, confusional arousals)*

Requests (check all that apply)

❑ Overnight sleep study
❑ Overnight sleep study with CPAP/BIPAP
❑ Multiple Sleep Latency Test *(measures daytime sleepiness)*
❑ Consultation by a Sleep Specialist
❑ Maintenance of Wakefulness Test *(measures ability to stay awake)*

Clinical Information

Symptoms, diagnoses and/or medications _____

_____

Previous sleep study ❑ No ❑ Yes *(If Yes, please attach copy)*

Special Needs *(e.g. wheelchair, etc.)* _____

Physician signature _____ Date _____