West Ottawa Sleep Centre

Or. Qasim Alikhan, MD, FRCPC, D, ABSM	303 – 770 Broadview Avenue, Ottawa, Ont., K2A 32
Or. Judith Leech, MD, FRCPC, D, ABSM	Tel: 613-722-9900 Fax: 613-722-9100
Dr. Naomi Spitale, MD, FRCPC	
Patient Information:	
Name:	OHIP #:
Address:	Telephone Number:
DOB:	
Reason for Referral (please mar	k all that apply):
□ Snoring/Sleep Apnea	□ Limb Movements (Period Limb Movements/Restless Legs)
□ Excessive Daytime Sleepiness	□ Parasomnias (Sleep Walking, Sleep Talking etc.)
□ Insomnia	□ Other (Please specify)
Care Requested:	
□ Routine Protocol ○ Includes consultation and/or s	sleep-related investigation(s) if indicated
□ Sleep Consultation Only	
□ Baseline Nocturnal Sleep Study Onl	ly
☐ Treatment Sleep Study Only	
Patient Considerations:	
Previous Sleep Studies: date/institution:	Patient Characteristics: Weight over 400 lbs? □Yes □No
Current CPAP pressure (if applicable):	Medication List:
Auxiliary Aids:	
□ Oxygen (L/min)	
□ Wheelchair	
□ Walker	

Requesting Physician Signature and Billing Number:

□ Cane