

**CARDIOPULMONARY SERVICES**  
**Sleep Service Referral**

**Main:** (613) 721-4721    **Fax:** (613) 721-2595    **Patient scheduling:** (613) 721-2000 ext 3831

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F  
Last First

Health Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Referrals with insufficient clinical information will be returned.**

**Has the patient ever had an overnight sleep study in Ontario?**

Yes (when and where please) \_\_\_\_\_  No

**Service requested: (check all that apply)**

- Overnight sleep study (and clinical consultation if indicated)
- Overnight CPAP / Bilevel titration (and clinical consultation if indicated)
- Pediatric study between ages 12-18
- Daytime multiple sleep latency test (tendency to fall asleep)
- Daytime maintenance of wakefulness test (ability to remain awake)
- Clinical consultation only

**Symptoms:**

- Snoring / sleep apnea                       Restless legs / periodic limb movements
- Insomnia / difficulty sleeping             Daytime sleepiness
- Abnormal nocturnal behaviours

**Other clinical information (e.g. medications, mobility, or communication issues)**

\_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Referring Physician: \_\_\_\_\_  
(yy/mm/dd)

Physician's name: \_\_\_\_\_  
(Please print)

Family Physician: \_\_\_\_\_

**QCH Sleep Staff Only**

<input type="checkbox"/> Sleep Clinic	<input type="checkbox"/> ADP	<input type="checkbox"/> Transcutaneous CO <sub>2</sub>
<input type="checkbox"/> Initial Diagnostic	<input type="checkbox"/> Therapeutic (no CPAP)	<input type="checkbox"/> Arterial Blood Gas (ABG)
<input type="checkbox"/> Repeat Diagnostic	<input type="checkbox"/> Therapeutic (CPAP)	<input type="checkbox"/> MSLT
<input type="checkbox"/> Seizure Study	<input type="checkbox"/> Therapeutic (Bilevel)	<input type="checkbox"/> MWT

CPEG 760-14-09

**Please see reverse for important information**

## **Sleep Preparation Instructions:**

### **Day-Time tests:**

- Bring something to do (i.e, reading material or work).
- No caffeine at all on the day of the test. Should you have caffeine products, the test results may be invalid.
- Wear comfortable, loose clothing and a hat (if desired). You will be here until approximately 3:30 PM, and in rare cases until 5:30 PM.

### **Night-Time tests:**

- Bring previous sleep study results if testing was done at another institution.
- Contact your family physician regarding discontinuing medications prior to your sleep study.
- Don't spend more than 7 hours in bed the night before test and avoid a daytime nap on the day of the test. This will help you to sleep better on the night of the test.
- Don't have any caffeinated products as of 12 noon on day of appointment (tea/coffee/chocolate,etc.).
- Patients enter the Main Entrance of the hospital and follow the signs to the Cardiopulmonary Department on Level A1.
- Patients will be at their appointment until 6:00 AM the following morning.
- Bring in list of any medications that you might be taking.
- Bring in any medication you will need through the night as there are no medications in our department.
- Bring in PJ's, Health card, and CPAP headgear and mask (if applicable).
- If there are any special needs (oxygen, wheelchair, mobility, or communication), please let us know in order to make necessary arrangements.

### **PLEASE**

**Telephone (613) 721-2000 extension 3831 if you cannot keep your appointment.**

**We require 24 hours advance notice of any changes to booked appointments.**

**If less than 24 hours notice given, a new physician referral will be required and you may be charged \$50 except in cases of TRUE emergencies including extreme weather or illness. Our records have shown that several weeks of treatment time are lost each year due to cancellations or patients not showing up for their scheduled appointments.**