

NOTE: Incomplete and / or unsigned requisitions will be returned

PLEASE PRINT CLEARLY  
OR AFFIX LABEL WITH COMPLETE INFORMATION

**MARKHAM STOUFFVILLE HOSPITAL CORPORATION**  
**CENTRE FOR RESPIRATORY HEALTH**  
**REFERRAL**  
**SLEEP DISORDERS LAB**

Markham Site Booking Line: (905) 472-7614  
Please Fax to: (905) 472-7618

Hospital MRN #: _____
Patient Name (Last, First): _____
Date of Birth (DD/MM/YYYY): _____ Sex: F M
Health Card #: _____ Version Code: _____
Address: _____ Postal Code: _____
Tel #: (Best Daytime): _____ Alt Tel #: _____
Email: _____

Urgent  Routine

Date: _____	Referring MD _____	Signature _____	MD Phone # _____
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Additional copies to:

Contact information for translator if required (Name & Number)

**SLEEP STUDY REQUEST (MOHLTC Regulation)**

Has the patient ever had a sleep study in Ontario?  No  Yes, Date: \_\_\_\_\_  
If yes, please attach any pertinent information

**Referral Request:**

- Diagnostic Sleep Study only - the result will be sent to the referring physician
- Sleep Study and Sleep Specialist Consultation
- Sleep Specialist Consultation

**Reason for Referral (Required information for prioritization):**

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

Occupation: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sleepiness with Driving      | <input type="checkbox"/> Insomnia      | <input type="checkbox"/> Cardiac Complications     |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Restless Legs | e.g. _____   |
| <input type="checkbox"/> Unrefreshing Sleep           | <input type="checkbox"/> Obesity       | <input type="checkbox"/> Abnormal Sleep Behaviours |
| <input type="checkbox"/> Suspected Narcolepsy         | <input type="checkbox"/> Snoring       | e.g. _____   |
| <input type="checkbox"/> Witnessed apneas             | <input type="checkbox"/> Stroke        | <input type="checkbox"/> Other: _____              |

**Special Instructions**  Home Oxygen \_\_\_\_\_ L/min  Bariatric Bed  Wheel Chair  
 Night time medications  Other:

**Please have the patient bring all current medications to the appointment and Ontario Health Card**

**MSH Use Only**

Priority #: _____ Date: _____	Clinic Date: _____ Time: _____
Initials: _____	Lab Date: _____ Time: _____

- Diagnostic Sleep Study  Repeat diagnostic study
- CPAP Titration - Starting pressure \_\_\_\_\_ cm H2O
- BiPAP Titration - Starting IPAP \_\_\_\_\_ cm H2O; EPAP \_\_\_\_\_; back up rate \_\_\_\_\_
- APAP assessment  non-REM to REM  Lateral to Supine
- Assessment of:  Positional therapy  Oral appliance
- MSLT
- MWT
- O2 titration: Starting flow: \_\_\_\_\_ L/min (if SpO2 <88% for 30 min, oxygen will be started and titrated to a saturation of 90 - 92% or \_\_\_\_\_)
- Seizure Montage

Comments

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



Markham Stouffville Hospital  
Centre for Respiratory Health  
Located in the Markham Stouffville Health Center  
377 Church St.  
Room G07  
Markham Ontario

## **Sleep Disorders Clinic (Sleep Specialist Consultation)**

Bring your health card and all current medications.

You will be seen by the Sleep Disorder Clinic Physician.  
Your appointment will take 30 - 60 minutes.

## **Sleep Study**

### **Please Bring:**

- Robe
- Two-piece pajamas
- Slippers
- Personal hygiene items (toothbrush, toothpaste, etc.)
- Medication (continue taking them as usual)
- Activities to help you relax, for example:
  - ✓ books/magazines
  - ✓ knitting/needlepoint
  - ✓ puzzles/crosswords
  - ✓ music

Snacks are not provided by the clinic.  
Diabetic patients should bring snacks or juices.

If you are on a nasal or Continuous Positive Airway pressure (CPAP) unit, please bring it with you.

### **Do not:**

- Drink any caffeinated beverages after 3:00 p.m.
- Bring large sums of money or jewelry with you
- Nap during the day
- Use hair spray or gel

**If you have excessive daytime sleepiness, make sure that someone drives you to and from your sleep study.**

Parking will be validated for your sleep study appointment only.  
Please park in visitor parking lot #1 across from 377 Church St.  
Please note there is no parking validation for physician consultation appointments.