

# CENTRE FOR SLEEP DISORDERS

## Pickering

1099 Kingston Road, Unit 5D

Pickering, Ontario L1V 1B5

Tel: 905-420-9626 Fax: 905-420-3279

## Whitby

320 Byron St. South, Suite 100

Whitby, Ontario L1N 4P8

Tel: 905-668-5590 Fax: 905-420-3279

## Bowmanville

98 King Street West

Bowmanville, Ontario L1C 1R4

Tel: 905-697-0832 Fax: 905-420-3279

Date (D/M/Y) \_\_\_\_\_

## REFERRAL FORM

Please fill all sections and fax to 905-420-3279. We will contact the patient with an appointment date. Please see back for instructions.

### PATIENT'S INFORMATION

Patient's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

(D/M/Y)

HIN: \_\_\_\_\_ VC: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

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

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

Referring Physician if Different from Above: \_\_\_\_\_

### REASON FOR REFERRAL Is this study ☐ ROUTINE ☐ URGENT

☐ Snoring

☐ Daytime Fatigue / Sleepiness

☐ Excessive Daytime Sleepiness

☐ Restless Leg Syndrome

☐ Non-restorative Sleep

☐ Difficulty Waking Up

☐ Other \_\_\_\_\_

☐ Sleep Apnea

☐ Restless Sleep

☐ Periodic Limb Movements

☐ Night Terrors

☐ Insomnia

☐ Frequent Nocturnal Awakenings

Does the patient have any?

☐ Mobility Problems

☐ Hearing Impairment

☐ Language Barrier

☐ Vision Impairment

☐ Require a Caregiver/Parent

### MEDICAL HISTORY

☐ Hypertension

☐ Angina

☐ Pediatric: ADHD

☐ Diabetes

☐ Depression

☐ Fibromyalgia

☐ Epilepsy ☐ Other \_\_\_\_\_

☐ List of Medications \_\_\_\_\_

### REQUEST FOR

☐ Sleep Study

☐ Consultation

☐ Sleep Study followed by consultation

☐ Blood Pressure Monitoring Sleep Study

Additional Notes:

Referring Physician Signature or Stamp: \_\_\_\_\_

Has the patient had previous sleep studies? ☐ YES ☐ NO If yes, please send previous results.

Initial: \_\_\_\_\_ DATE: \_\_\_\_\_

Instructions: \_\_\_\_\_

# Instructions for a Sleep Study

The Centre for Sleep Disorders will call you with an appointment date for a sleep study.

## What is done during a sleep study?

When you arrive you will be asked to complete some questionnaires. The set-up includes the placement of 2 respiratory belts; surface electrodes on the head, face, chest, and legs; and an airflow sensor under the nose. After lying in bed a finger probe will be placed on your finger to measure the oxygen saturation in your blood. You will then be directed to some calibration movements followed by turning the lights off and starting the test.

If you have to use the washroom during the test, it is not a problem. Call the Sleep Technologist who will disconnect the main box easily and you can quickly get to the washroom.

You will be awakened around 6:00 am. It takes about 15 minutes to take the electrodes and sensors off and to fill out a brief questionnaire. If you must be awakened by a specific time in the morning, please notify the Sleep Technologist upon your arrival.

## TEST INSTRUCTIONS

To ensure the most accurate results, please follow these instructions carefully.

- 1) **Bring your health card.**
- 2) **Arrive on time.** Your appointment time is planned to permit time for set-up, which takes approximately 45 minutes per patient. The Sleep Technologist will set-up two more patients before starting the test. Therefore, the usual time to turn the lights off and start the test is around 11:00 pm. If you require going to sleep before the rest of the patients are set-up, please inform the Sleep Technologist when you arrive.
- 3) **Prepare for the test.** Take a shower prior to arriving to the centre. Hair should be free of any styling gel, spray or cream. No shower facilities are available at the centre. Gentlemen, please shave if you do not have a beard. Ladies please remove fingernail polish.
- 4) **Do not consume** any caffeine after 3 pm. This includes coffee, tea, chocolate, cola's etc.. Do not consume any alcohol on the day of your test.
- 5) **Do not nap** on the day of your test.
- 6) **Pack your necessary items.**
  - a) You must bring nightwear.
  - b) Personal toiletries.
  - c) Usual medications and a list of your medications.
  - d) If you prefer to use your own pillow.
  - e) **CPAP patients** bring your own mask, hose and headgear.

**Important:** If you are unable to keep your appointment, please give us at least 2 working days notice. Otherwise you will be charged for a missed appointment fee of \$100.00.

**Please do not bring valuables as we cannot guarantee their security.**