



Royal Victoria  
Regional Health Centre

### Sleep Study Requisition

201 Georgian Drive, Barrie, Ontario  
Phone: 705-739-5604  
Fax: 705-739-5641

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

#### Patient Information

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_

DOB (dd/mm/yy): \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone:  Call  Leave a voicemail message  Leave a message with a person

Cell/Work/Other:  Call  Leave a voicemail message  Leave a message with a person

Email: \_\_\_\_\_

#### Type of Study Requested Urgent Routine

Sleep Physician Consult

##### Diagnostic Study

Initial – Diagnostic study (one per lifetime) patient has had no prior sleep studies in Ontario

Repeat – Diagnostic study in consultation with Sleep Physician

**Date/Location of Last Study:** \_\_\_\_\_

Multiple Sleep Latency Tests (MSLT) in consultation with Sleep Physician

##### Therapeutic Study (Maximum of one per 24 month period)

CPAP Titration  CPAP Unit Replacement  Oral Appliance Titration  Post-surgery for OSA

#### Reason for Study –check all that apply

- Excessive Daytime Somnolence  Snoring  Suspected OSA
- REM Sleep Behavior Disorder  Suspected Narcolepsy  Restless Legs
- Night Shift Worker  Professional Driver, Pilot  Heavy Machine Operator

#### Relevant Clinical Information

\*Pt On home O2 \_\_\_\_\_ L/min. Study to be completed  on oxygen  off oxygen

- Asthma/COPD  Hypercapnia  Pulmonary Hypertension  Neuromuscular Disorders
- CAD  Cardiac Arrhythmia  Congestive Heart Failure  Pacemaker/Defibrillator
- Stroke/TIA  Epilepsy/Seizures  Dementia/Cognitive Decline  Other: \_\_\_\_\_

\*Special Assistance Required  Yes  No

#### It is your responsibility to advise the patient of their appointment time.

Referring Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Billing # \_\_\_\_\_

#### For Office Use Only

Initial Diagnostic Study  Therapeutic Study  Consult Only  Repeat Diagnostic Study  MSLT

##### Additional Information

Non Routine – Paediatric  Non Routine – Extra Assistance  Other: \_\_\_\_\_

(12 to younger than 18 years old) – Parents or Guardian must stay

Sleep Tech Initials: \_\_\_\_\_ Emp# \_\_\_\_\_ HRN# \_\_\_\_\_ ACCT# \_\_\_\_\_

