



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# _____

