Sleep & Apnea
Assessment Unit
Dr. William Reisman, Medical Director
Telephone: 519-667-6855 / Fax: 519-667-6715

London Health Sciences Centre

REFERRAL Date (yyyyy/mm/dd)_____

The clinical information is **MANDATORY**. If the referral is not fully completed, it will be returned to you without an appointment and this patient will need to be re-referred.

Patient Information (All fields required)	**Referring Physician information (All fields required)**
PIN: _____	**Name**_____
Name_____	**Current Address**_____
DOB (yyyymmdd)_____	**City**_____
Current Address_____	**Phone ( )**_____**Fax ( )**_____
City_____	**OHIP Referral #**_____
Home ( )_____**Work ( )**_____	**Physician's Signature**_____
Health Card_____ **VC**_____	**Family Physician**_____
Email_____	

Prior Sleep Study Done? ☐ **Yes** ☐ **No** **If yes, where was it done** ☐ **LHSC** ☐**Other (please provide a copy)**

MUST COMPLETE

Reason For Referral: ☐ **Snoring** ☐ **Sleep apnea** ☐ **Narcolepsy** ☐ **Insomnia**
☐ **Excessive Daytime Sleepiness** ☐ **Reassessment** **Other**_____

PLEASE CHECK (✓) Is the patient a Professional Driver ☐ **yes** ☐ **no *Question is mandatory as it is an MTO Requirement**
☐**Prefers day sleep study (night shift worker)** ☐ **Currently using CPAP/BiPAP** ☐ **PaCo2 ≥45**

Allergies: (drug, food, environment, latex, etc.)	**Contact Precautions:**
_____	☐**C. Difficile (Active)** ☐**MRSA**
☐ **Anaphylaxis**	☐ **Other (i.e. TB)** _____

Relevant Medical History:

_____

_____

_____

Medications: Please attach a list	**Height: _____cm Weight: _____Kg**
STOP-Bang score_____	**Epworth Sleepiness Score**_____

Sleep Physician Requested ☐ **M. Sen** ☐ **J Barr** ☐ **H. Racz** ☐ **W. Reisman** ☐ **No preference**

OFFICE USE ONLY	**Previous Lab**_____ **AHI** _____ **Previous Clinic** _____

☐ **R/O OSA** ☐**TcCO2** ☐**CPAP**_____ ☐**Split Night** ☐ **BiPAP** _____ ☐**Post OP** _____ ☐ **ASV**
Repeat ☐**Clinic New/Fup** _____ ☐**Video Record** ☐ **Sleep Logs** ☐ **Other**_____

Appointment Date Lab_____ **Clinic**_____

☐ **Mail** _____ ☐ **Fax**_____ ☐ **Email**_____ **E S**