

# THE SLEEP DISORDERS CLINIC

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Check appropriate box: referral will be returned if no X  
 Daytime sleep study; consult; treatment if required  
 Consult; followed by diagnosis and treatment if required  
**SDC RECEPTION: FOR URGENT TRIAGE**

## REFERRAL FOR DAYTIME SLEEP STUDY-SHIFT WORK

PATIENT'S NAME (last/ first): \_\_\_\_\_ DOB: \_\_\_\_\_  
(DD/MM/YYYY)

ADDRESS: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ AFTER HOURS/ CELL: \_\_\_\_\_

PATIENT'S EMAIL ADDRESS: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

REFERRING PHYSICIAN'S NAME: (PLEASE PRINT) \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ PHYSICIAN'S BILLING NUMBER: \_\_\_\_\_

FAMILY DOCTOR (if different to referring doctor): \_\_\_\_\_

### Patient should be able to care for self in sleep lab.

- Problems with mobility
- Incontinence  Urinary  Fecal
- Communication (Hearing impaired, language, etc)
- Developmental/Psychological Disorder
- History of Violence  History of Seizure Disorder
- Infectious Disease  TB  MRSA  VRE

Specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Other \_\_\_\_\_

### SYMPTOMS LEADING TO REFERRAL:

#### Shift work information:

- Permanent nights
- Days/ nights/ evenings rotating shifts
- Keeps nocturnal schedule
- Irregular schedule
- Frequent insomnia/ sleep maintenance issues
- Snoring
- Snoring with apnea
- Significantly overweight (BMI >30)  
Height \_\_\_\_\_ Weight \_\_\_\_\_

- Unrefreshing sleep
- Excessive daytime sleepiness
- Frequent awakenings
- Difficulty initiating or maintaining sleep
- Restless legs
- Unusual movement during sleep
- Abnormal behaviour during sleep
- Other (specify) \_\_\_\_\_
- Oxygen \_\_\_\_\_ l/min
- Shift Work Sleep Disorder** (excessive tiredness at night with daytime insomnia)

WORKING DIAGNOSIS:  Sleep apnea  Insomnia  Narcolepsy  Restless Legs Syndrome  Other

### OTHER MEDICAL DIAGNOSES: (Specify)

- Cardiac History
- DM
- Hypertension
- Medically Stable
- Other(specify) \_\_\_\_\_

- Patient has had a sleep study within past 2 years.
- Sleep study done more than 5 years ago.
- Reports for studies done at other laboratories within past five years must be provided in order for a booking to be made.**

- Patient has been treated with CPAP in the past; not currently on CPAP treatment.
- Patient is currently on CPAP: current pressure \_\_\_\_\_
- BIPAP IPAP \_\_\_\_\_ cm H2O EPAP \_\_\_\_\_ cm H2O