

CARDIOPULMONARY SERVICES Sleep Service Referral

| Main: (613) 721-4721 Fa | ax: (613) 721-2595 | Patient sche | duling: (613) 721 | -2000 ext 3831 |
|---|---|---|--------------------------|----------------|
| Name: | | _ Date of Birth: | | _ Sex: M/F |
| | | Phone Number: | | |
| Address: | | | | |
| Referrals | with insufficient cli | nical information | on will be returne | d. |
| Has the patient ever had a | | | | 🗆 No |
| Service requested: (check Overnight sleep study (a) Overnight CPAP / Bileve Pediatric study between Daytime multiple sleep la Daytime maintenance of Clinical consultation only | and clinical consultati el titration (and clinica ages 12-18 atency test (tendency wakefulness test (al | al consultation if y to fall asleep) | | |
| Symptoms: Snoring / sleep apnea Insomnia / difficulty slee Abnormal nocturnal beha | ping 🛛 🗆 Daytime s | | nb movements | |
| Other clinical information | (e.g. medications, | mobility, or co | mmunication issu | les) |
| | | | | |
| Date: | Referring P | hysician: | | |
| (yy/mm/dd) | Physician's | name: | | |
| | | | (Please print) | |
| QCH Sleep Staff Only | r anniy r riy. | | | |
| Sleep Clinic | | | 🗆 Transcutan | eous CO2 |
| Initial Diagnostic | □ Therapeutic | (no CPAP) | Arterial Bloc | od Gas (ABG) |
| Repeat Diagnostic | Therapeutic | (CPAP) | | |
| □ Seizure Study | Therapeutic | (Bilevel) | | |

CPEG 760-14-09

Please see reverse for important information

Sleep Preparation Instructions:

Day-Time tests:

- □ Bring something to do (i.e, reading material or work).
- □ No caffeine at all on the day of the test. Should you have caffeine products, the test results may be <u>invalid</u>.
- □ Wear comfortable, loose clothing and a hat (if desired). You will be here until approximately 3:30 PM, and in rare cases until 5:30 PM.

Night-Time tests:

- \Box Bring previous sleep study results if testing was done at another institution.
- □ Contact your family physician regarding discontinuing medications prior to your sleep study.
- Don't spend more than 7 hours in bed the night before test and avoid a daytime nap on the day of the test. This will help you to sleep better on the night of the test.
- Don't have any caffeinated products as of 12 noon on day of appointment (tea/coffee/chocolate,etc.).
- □ Patients enter the Main Entrance of the hospital and follow the signs to the Cardiopulmonary Department on Level A1.
- □ Patients will be at their appointment until 6:00 AM the following morning.
- □ Bring in list of any medications that you might be taking.
- □ Bring in any medication you will need through the night as there are no medications in our department.
- □ Bring in PJ's, Health card, and CPAP headgear and mask (if applicable).
- □ If there are any special needs (oxygen, wheelchair, mobility, or communication), please let us know in order to make necessary arrangements.

PLEASE

Telephone (613) 721-2000 extension 3831 if you cannot keep your appointment.

We require 24 hours advance notice of any changes to booked appointments.

If less than 24 hours notice given, a new physician referral will be required and you may

be charged \$50 except in cases of TRUE emergencies including extreme weather or

illness. Our records have shown that several weeks of treatment time are lost each year

due to cancellations or patients not showing up for their scheduled appointments.