



Requisition for Sleep Study

Owen Sound Site

*Please note sleep studies at our Owen Sound lab are for patients 10 years of age or older. If patient is 82 years of age or older, please refer patient to Dr. Newton first.

1800 8th Street East
 Sleep Lab
 P(519)376-2122 ext. 2119
 F(519)371-2358

PATIENT IDENTIFICATION:

Patient Name (last, first):	
Address:	
Primary Phone #:	Secondary Phone #:
Date of Birth (yyyy/mm/dd):	Health Card No:

STUDY REQUIRED:

Initial sleep study (Patient's first ever sleep study)
 Repeat sleep study - Date of patient's last sleep study: _____
 CPAP Titration - Current use of CPAP/BIPAP: _____ cm H2O

PATIENT DATA/HISTORY: Height: _____ Weight: _____

Sleep History:	Neurological:	Respiratory:	Cardiac:
<input type="checkbox"/> Witnessed apneas	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Loud snoring	<input type="checkbox"/> Head Injury	<input type="checkbox"/> COPD	<input type="checkbox"/> CHF
<input type="checkbox"/> Insomnia	<input type="checkbox"/> CVA	<input type="checkbox"/> Home oxygen _____ lpm	<input type="checkbox"/> Pacemaker/ICD
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Developmental disability		
<input type="checkbox"/> Violent outbursts			

Other: **Additional Information:** _____

Diabetes
 Alcohol use disorder
 Depression
 Physical disability
 GERD

Special Requirements:

Interpreter Personal care assistant Other: _____

- Patients that require additional help getting ready for bed, during the night, or getting dressed in the morning must bring an assistant/family member to stay with them during the night.
- Children under the age of 16 years must have a parent/guardian stay with them during the test.
- Patients found to have moderate or severe OSA will automatically be brought back to the lab for a CPAP titration and a consultation with Dr. Newton.

PHYSICIAN INFORMATION:

Additional copies to be forwarded to Dr. (s):

Ordering Physician:	Fax Number:
Date:	Phone Number:
OHIP Billing Code:	Physician Signature:

Please Complete and Fax to 519-371-2358
Brightshores will notify the patient of appointment date and time

