



Bluewater Sleep Disorder Clinic

Suite 118, 704 Mara St.
Point Edward, On N7V 1X4
Phone: (519) 332-5333
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REQUEST FOR SLEEP STUDY/CONSULTATION

REQUESTING PHYSICIAN TO COMPLETE

The information you provide is vital to the selection
Of the correct sleep study for your patient. PLEASE PRINT

Patient name: _____ Phone: _____ (w) _____

Street: _____ City: _____ Postal Code _____

Health card # _____ Version _____ DOB: _____

Requesting physician: _____

Signature: _____ OHIP Billing #: _____
(MUST HAVE) (MUST HAVE)

Family physician: _____

Symptoms leading to referral:

- | | |
|---|--|
| <input type="checkbox"/> Snoring (Snoring alone is not an indication for a sleep study) | <input type="checkbox"/> Difficulty staying asleep |
| <input type="checkbox"/> Snoring with apnea | <input type="checkbox"/> Frequent awakenings |
| <input type="checkbox"/> Somnolence | <input type="checkbox"/> Daytime restless legs |
| <input type="checkbox"/> Unrefreshing sleep | <input type="checkbox"/> Repetitive movements during sleep |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Abnormal behavior during sleep |
| <input type="checkbox"/> Sleep attacks | <input type="checkbox"/> Difficulty getting to sleep |
| <input type="checkbox"/> Cataplexy | <input type="checkbox"/> Other _____ |

Provisional Diagnosis:

- | | |
|--|---|
| <input type="checkbox"/> Obstructive sleep apnea | <input type="checkbox"/> Periodic limb movement |
| <input type="checkbox"/> Restless leg syndrome | <input type="checkbox"/> Narcolepsy |
| <input type="checkbox"/> Parasomnias | <input type="checkbox"/> Insomnia |
- (Insomnia alone is not an indication for a sleep study)

Request:

- Sleep Studies and Consultation
- Initial Sleep Study (PSG) - Only
- CPAP Titration Study - Only
- Consultation – Only

**Note: Cancellations must be given at least 24 hours prior to scheduled appointments.
Should notice not be given a \$50.00 charge will be billed to the patient.**