



## YORK COUNTY SLEEP DISORDERS CENTRE

28 Main Street North

Newmarket, ON L3Y 3Z7

Tel: (905) 895-3487 • Fax : {905} 895-5364

E-mail: ycsd@rogers.com • www.ycsdc.ca

# SLEEP STUDY REQUISITION

### Referral Type

- ☐ Initial Sleep Study only (first ever sleep study)
- ☐ Initial Sleep Study followed by Consultation if significant abnormality (first ever sleep study)
- ☐ Repeat Sleep Study (sleep physician consultation/assessment prior to study)
- ☐ Consultation only

### Indication for Referral

- ☐ Snoring                      ☐ Suspected Sleep Apnea   ☐ Chronic Insomnia   ☐ Daytime sleepiness
- ☐ Unexplained fatigue   ☐ Non-restorative sleep   ☐ Restless legs / Leg movement disorder during sleep
- ☐ Atrial fibrillation   ☐ Congestive heart failure   ☐ Other \_\_\_\_\_
- ☐ Urgent study required

### Patient Information

Patient's Name \_\_\_\_\_ (M / F)  
Last name First name

Address \_\_\_\_\_  
Number and Street Name Apt. # City Postal Code

Home Phone \_\_\_\_\_ Daytime/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Health Card \_\_\_\_\_  
Day Month Year

Email \_\_\_\_\_ Relevant Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

**Special Needs**   ☐ Language   ☐ Care Giver   Has patient had prior sleep testing? Date: \_\_\_\_\_  
**Requirements**   ☐ Ambulation   ☐ Care Assistance   Location \_\_\_\_\_

### Referring Physician Information

Referring Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Full Name and Initials

OHIP Billing # \_\_\_\_\_ Address \_\_\_\_\_  
Suite Number Full Address City Postal Code

Copies to: \_\_\_\_\_ Email (optional) \_\_\_\_\_

Signature \_\_\_\_\_

Approved by Sleep Physician \_\_\_\_\_ Date \_\_\_\_\_ ☐ Urgent

Special Considerations \_\_\_\_\_

**PLEASE CAREFULLY READ PATIENT INSTRUCTIONS ON THE BACK OF THIS FORM ►**



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### INSTRUCTIONS FOR YOUR OVERNIGHT SLEEP STUDY:

1. It is important that you arrive at the sleep lab at the scheduled time. Please try not to be late; however, if unavoidable circumstances arise, please contact the lab as soon as possible.
2. You must bring your Health Card to every visit.
3. Please take a shower before you arrive at the Sleep Lab. No shower facilities are available at the lab.
4. Please do not consume excessive caffeine or alcohol on the day of your sleep study.
5. Continue taking all your medications as usual, unless specifically instructed by your doctor to do otherwise. If you normally take sleeping pills you may do so prior to the test. Please bring all your medications in their original containers, or bring a written list of medications.
6. If possible, try to avoid taking naps during the day prior to your sleep study.
7. Please bring 2-piece pajamas (T-shirt and shorts are acceptable).
8. You may bring your own snacks and drinks to the lab. None will be provided.
9. When you arrive at the medical building, if the main doors are locked, please use the intercom at the rear of the building to notify the technologist of your arrival.
10. Overnight parking is free and validation is provided.
11. The study will end at approximately 6:00 am.
12. Even if you have difficulty sleeping you are required to stay the entire night.
13. Studies can be safely and effectively performed in the presence of mild illness, such as colds. There is no need to cancel or reschedule your appointment under such circumstances

**IMPORTANT: If you need to reschedule or cancel your sleep study, you must provide at least 48 hours notice or a missed appointment fee may be charged.**

Your Sleep Study is scheduled for \_\_\_\_\_ at \_\_\_\_\_ pm

### INSTRUCTIONS FOR MSLT OR MWT (only with preceding sleep consultation):

You have been scheduled to stay for a (circle): **Multiple Sleep Latency Test / Maintenance of Wakefulness Test**

1. This test will begin at approximately 8:00am following your overnight sleep study
2. You will be given a series of 4 to 5 naps/trials; however, you must return to the lab at or before the times specified by the technologist.
3. You must not consume any caffeine or alcohol during the day. This includes chocolate, cola, etc.
4. You may wish to bring a lunch (a fridge is available). There is a snack shop in the building lobby and various fast-food restaurants nearby; however, keep in mind you will have electrodes attached to your face and head.
5. The study will most likely terminate before 3:00 pm; however, be prepared to stay until 5:00pm if necessary.

### OUR LOCATION:

