



**Sleep Disorders Centre Brampton**

34- 480 Chrysler Drive  
Brampton, Ontario L6S 0C1  
Tel. 905-790-8800 Fax 905-790-6008  
www.sleepdisordercentre.com

**APPOINTMENT DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Home # : \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_ Version Code: \_\_\_\_\_ Sex:  M  F

\*REFERRING PHYSICIAN NAME \_\_\_\_\_ Physician # \_\_\_\_\_

\*REFERRING PHYSICIAN SIGNATURE \_\_\_\_\_ Address \_\_\_\_\_

Copy to : \_\_\_\_\_ Date of Request: \_\_\_\_\_

**\*TO BE COMPLETED PRIOR TO TEST PROCEEDING**

**REQUEST FOR**

Sleep Study & Consult  Sleep Study Only  CPAP Titration  Consult Only

Routine  Urgent - reason for urgency \_\_\_\_\_

**REASONS FOR REFERRAL**

- Snoring
- Restless Legs
- Non-restorative Sleep
- Insomnia
- Witnessed Apnea
- Chronic Fatigue
- Excessive Daytime Sleepiness (EDS)
- Morning Headaches
- Other \_\_\_\_\_

**MEDICAL HISTORY**

Medications: \_\_\_\_\_

Do you require any medication to be held for the sleep study:  No  Yes

If Yes, Please Indicate Which Medication to Hold \_\_\_\_\_

Allergies:  \_\_\_\_\_

**Has This Patient Had a Sleep Study Done Previously?**

Yes  No  Unknown *If Yes, Please State Date and Location* \_\_\_\_\_

Special Needs:  Communication  Hearing  Mobility  Other \_\_\_\_\_

Is Patient on Oxygen?  No  Yes L/minute \_\_\_\_\_  Night-time Only  Day and Night

Patient on CPAP:  No  Yes cm H<sub>2</sub>O \_\_\_\_\_

**\*\* 48 HOUR CANCELLATION NOTICE REQUIRED - IF YOU DO NOT PROVIDE CANCELLATION NOTICE YOU WILL BE CHARGED AN ADMINISTRATIVE FEE.**

**OFFICE USE ONLY**

Requisition Triage Done By: \_\_\_\_\_ Date: \_\_\_\_\_

Urgency of test reviewed by Triage Doctor  **Comments:** \_\_\_\_\_

Date of Sleep Study : \_\_\_\_\_ Date of F/U \_\_\_\_\_ Date of Consult: \_\_\_\_\_

Re-titration, starting pressure: \_\_\_\_\_ cmH<sub>2</sub>O  Other \_\_\_\_\_

Special Considerations:  MSLT  MWT  Other

## Sleep Disorder Centre - Overnight Study

A sleep study is an overnight observation of a person sleeping, performed in a specialized sleep laboratory.

The procedure consists of electrodes and other monitors attached to the skin with a small amount of paste and/or tape. A technologist will be monitoring your sleep through the night using audio-visual and other monitoring equipment.

You will be in a private room. Continuous contact with the Sleep Technologist will be possible if needed. Visits to the washroom are always possible.

These instructions **MUST BE FOLLOWED** so you are prepared for your sleep study.

### **Read Carefully**

1. Bring all your regular medications with you.
2. Do NOT drink alcohol on the day of your study.
3. Do NOT eat/drink caffeine products after 12pm ( i.e. coffee, tea, cola, dark soft drinks, chocolate, energy drinks)
4. If you are feeling ill the days of your study contact the clinic ASAP.
5. Maintain your usual daytime schedule. AVOID daytime napping, if possible.
6. Do NOT bring money or valuables with you to the clinic. Sleep Disorders Centre is not responsible for lost or stolen personal items.
7. You are required to bring sleep attire. Bring a night dress, pyjamas, or walking shorts and a T-shirt (not silky material)
8. You are welcome to bring your own pillow.
9. We suggest that you bring a book, newspaper or some other interest that will help you relax before lights out.
10. If it is your habit to have a light snack before bedtime please bring it with you.
11. Shower facilities are available. You will need to bring your own towel and toiletries.
12. Lights are turned off between 10:30 – 11pm. The study is completed between 6-6:30am the following morning.
13. The clinic closes at 7am, please ensure transportation is arranged prior to that.
14. You must wash your hair, shower and shave facial stubble (beards are acceptable) immediately prior to coming to the clinic. This is necessary to ensure the quality of the study. Do NOT use hair conditioners, hair spray, moisturizers or make-up.
15. If on CPAP bring your own machine, mask and tubing.
16. Please have your patient bring an interpreter to all appointments if his/her command of the English language is poor.

**Please note:** The Brampton Sleep Disorder Centre has a **“No Scent”** policy. Please do not wear perfumes or other strong smelling toiletries.

### **Directions**

We are located on the south side of Williams Parkway, two blocks east of Torbram, west of Airport Road, at the corner of Williams Parkway and Chrysler Drive. We are in a plaza directly across the street from the Chrysler Plant.



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