

London Pediatric Sleep Clinic

239 Oxford St. East
London, Ontario

Phone: 519-433-2242
Fax: 519-645-7565

Date:

DD/MM/YYYY

Patient
Name:

DOB:

 / /

DD/MM/YYYY

M F

Gender

Address:

Tel.#: Home:

()

Work/cell:

()

Email:

Health Card #:

Version Code:

- Sleep Study, consultation and management as required
 Consultation, if required sleep study and management

- Sleep Study only (for other sleep medicine trained physician)

Previous Sleep Study: Yes No

if yes, sleep study Date: _____

ATTENTION TO:

- Dr. C. Shapiro Dr. B. Lyttle

FAMILY PHYSICIAN (if not referring physician):

Dr.
Address:

Tel. #: ()

REFERRING PHYSICIAN:

Dr.

Physician/Billing # _____

Address:

Tel. #: ()

Signature: _____

OTHER PHYSICIANS TO RECEIVE RESULTS:

Dr.
Address:

Tel. #: ()

REASON FOR REFERRAL:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Treatment Follow-Up | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Parasomnia | <input type="checkbox"/> Circadian Rhythm Disorder | <input type="checkbox"/> Impotence |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Nocturnal Seizure | <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> CPAP Titration | <input type="checkbox"/> Nocturnal Panic | <input type="checkbox"/> Tourette's |
| <input type="checkbox"/> Restless Legs Syndrome | <input type="checkbox"/> CPAP Follow-Up | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Periodic Limb Movements | <input type="checkbox"/> Oral Appliance Assessment | <input type="checkbox"/> Rhythmic Movement Disorder | <input type="checkbox"/> Neuromuscular Disease |
| <input type="checkbox"/> Maxillofacial Assessment | <input type="checkbox"/> ENT Assessment | <input type="checkbox"/> Psychological Sleep Management | |

OTHER _____

Past Medical History:

Medications: None