

Patient Name: _____
Address: _____

Phone #: _____
D.O.B. _____
Health Card: _____

Requisition for Sleep Study

Study Required: Nocturnal Polysomnography ☐ CPAP Titration ☐

Has the patient had a previous sleep study at Grey Bruce Health Services? Yes ☐ No ☐

Do you wish Dr. Newton to see the patient before the Sleep Study? Yes ☐ No ☐

Patient Data/History: Height: _____ Weight: _____

Sleep History:

Witnessed Apneas ☐

Loud Snoring ☐

Unrefreshing Sleep ☐

Insomnia ☐

Sleepwalking ☐

Violent Outbursts ☐

CPAP Pressure _____ cmH2O

Neurological:

Epilepsy ☐

Head Injury ☐

CVA ☐

Mentally challenged ☐

Respiratory:

Asthmatic ☐

COPD ☐

Home Oxygen _____ lpm

Cardiac:

Hypertension ☐

CHF ☐

Pacemaker/ICD ☐

Other

Diabetic ☐

Alcoholism ☐

Depression ☐

Physically Challenged ☐

GERD ☐

Additional Information:

Special Considerations:

- Patients that require additional help getting ready for bed, during the night, or getting dressed in the morning must bring an attendant/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.

Ordering Physician (Please print) _____

Physician's to Receive Report (Please print) _____

Referring Physician's Signature _____

Please Complete and Fax to 519-371-2358

We will notify the patient of the date and time of appointment