

\*\*\* NOTE: Incomplete and / or unsigned requisitions will be returned! OR AFFIX LABEL WITH COMPLETE INFORMATION

MARKHAM STOUFFVILLE HOSPITAL CORPORATION

**CENTRE FOR RESPIRATORY HEALTH  
REFERRAL**

Markham Site Booking Line: (905) 472-7614 Fax: (905) 472-7618

Hospital MRN #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: **F** **M**

Health Card # \_\_\_\_\_ Version Code: \_\_\_\_\_

Telephone # Home: \_\_\_\_\_

Other Telephone #: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

Date:	Referring MD	Signature	MD Phone #
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Additional Reports to:

Spoken Language if other than English	Contact Information for Translator if Required Name:	Phone #
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**I. SLEEP STUDY REQUEST (MOHLTC Regulation)**

**a. If no previous Sleep Study in Ontario**

- Sleep Study
- Sleep Study and Sleep Specialist Consultation
- Sleep Specialist Consultation

**b. If previous Sleep Study in Ontario (Date: \_\_\_\_\_)**

- Sleep Specialist Consultation and Sleep Study

**Respiratory Clinics**

- COPD clinic with Respirologist Consultation
- Asthma Education Clinic with Asthma Educator (RRT)

**Reason for Referral (Required)**

- |                      |                                   |   |  |
|----------------------|-----------------------------------|---|--|
| Clinical Information | <input type="checkbox"/> Snoring  | <input type="checkbox"/> Apnea                    | <input type="checkbox"/> Daytime Sleepiness  |
|                      | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Abnormal Sleep Behaviour |  |
|                      | <input type="checkbox"/> COPD     | <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Shortness of Breath |
|                      | <input type="checkbox"/> Other:   |   | <input type="checkbox"/> Cough               |

Please have patient bring a current list of medications to the appointment.

PLEASE NOTE that if your patient does not speak English, he/she should be accompanied by an interpreter.

Special Instructions  Home Oxygen \_\_\_\_\_ L/min  Bariatric Bed  Wheel Chair  Other:

**Sleep Specialist Orders Only:**  Repeat Diagnostic Study  Therapeutic Study  MWT  MSLT

Comments: \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Chest X-ray	Date / Time _____
PFT appointment	Date / Time _____
Clinic appointment	Date / Time _____
Sleep Study appointment	Date / Time _____

RT / Nurse Signature \_\_\_\_\_ as per medical directive



Markham Stouffville Hospital  
Centre for Respiratory Health  
Located in the Markham Stouffville Health Center  
377 Church St.  
Room G07  
Markham Ontario

### **Sleep Disorders Clinic (Sleep Specialist Consultation)**

Bring your healthcard and a list of all current medications.  
You will be seen by the Sleep Disorder Clinic Physician  
Your appointment will take 40 minutes

### **COPD Clinic**

Bring your healthcard and list of all current medications. Depending on your appointment you may be scheduled for a pulmonary function test and/or a chest Xray. If so, please report to diagnostic imaging to register for your appointment and arrive 30 minutes in advance. If you are scheduled for the pulmonary function test, no inhalers for 12 hours prior to test except Salbutamol (ventolin) which may be taken up to six hours prior to test. Your appointment may take up to four hours.  
You will be seen by a COPD Educator and the Respiriologist (Lung Disease Specialist).

### **Asthma Education Clinic**

Bring your healthcard and a list of all current medications, and your spacer (aerochamber).  
You will be seen by the Asthma Educator  
New appointments are 90 minutes, follow up appointments are 45 minutes

### **Sleep Study**

#### **Please Bring:**

Robe  
Two-piece pajamas  
Slippers  
Personal hygiene items (toothbrush, toothpaste, etc.)  
Medication (continue taking them as usual)  
Activities to help you relax, for example:

- ✓ books/magazines
- ✓ Knitting/needlepoint
- ✓ MP3 player
- ✓ Puzzles/crosswords

Snacks (not provided by the clinic)

If you are on a nasal or Continuous Positive Airway pressure (CPAP) unit, please bring it with you

#### **Do not:**

Drink any caffeinated beverages after 3:00 p.m.  
Bring large sums of money or jewelry with you  
Nap during the day  
Use hair spray or gel

**If you have excessive daytime sleepiness, make sure that someone drives you to and from your sleep study.**