

WINDSOR SLEEP DISORDERS CLINIC

55 Edinborough Street, Unit 100

Windsor, ON N8X 3C3

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REQUEST FOR CONSULTATION AND/OR POLYSOMNOGRAPHIC ASSESSMENT

PATIENT INFORMATION:	PHYSICIAN INFORMATION:
Name: _____	Name: _____
DOB: (MM/DD/YY) _____ Sex: Male/Female	Address: _____ City: _____
Address: _____	Prov: _____ Postal Code: _____
City: _____ Prov: _____ Postal Code: _____	Phone: () _____ Fax: () _____
Phone (H) () _____ (W) () _____	OHIP REFERRAL #: _____
Health Card: _____ Version Code: _____	Family Physician: (if different than above) _____

A--PLEASE INDICATE IF THE PATIENT HAS EVER HAD A PREVIOUS SLEEP STUDY yes no
IF YES, where/when was sleep study done _____

****PREVIOUS SLEEP STUDIES FROM OTHER LABORATORIES MUST ACCOMPANY REFERRAL**

B--REQUEST FOR Consultation/Sleep Study
 Consultation only
 Sleep Study only (**Additional clinical information mandatory**)

C--URGENCY Elective Urgent Emergent
****If request is urgent or emergent, physician's office must call sleep clinic to discuss or provide detailed documentation as to why the referral is urgent or emergent.****

D--REASON FOR REFERRAL snoring choking/gasping, apneic episodes in sleep
*diagnosed sleep apnea—where/when? _____
pre-bariatric surgery assessment (include date of surgery if arranged) _____
difficulty initiating sleep difficulty maintaining sleep excessive daytime somnolence
restless legs syndrome/periodic limb movement during sleep
other abnormal sleep behaviors (specify) _____

E--CARE REQUIREMENTS IN THE SLEEP LABORATORY None
Cane Walker Crutches Wheelchair Lift/Assisted Transfer Hospital Bed Oxygen Trach

F--OTHER HISTORY

ALLERGIES (drug, food, environmental, latex)/ADVERSE REACTIONS: _____

Medical History: _____

Medication (list): _____

Physician's Signature _____

G--Reviewed by medical director Arrange Consult Arrange PSG More info: _____

Notes: 1. Clinical information is mandatory. Reason for referral and care requirements sections MUST be completed.
2. A patient evaluation MUST include both a consultation and sleep study to be complete.

Your office will be notified of the appointment time. Please convey this information to your patient.
We will then confirm with the patient prior to the appointment time.