401 Smyth Road, Ottawa, ON K1H 8L1, Canada
(613) 737-7600 www.cheo.on.ca

SLEEP LABORATORY REFERRAL

Fax: 613-738-4865

Patient Identification

- The focus of the sleep laboratory at present is the evaluation of complex respiratory and neurological problems. Sleep study has limited value in the evaluation of behavioral disorders, such as insomnia. At present we are not evaluating otherwise healthy children with sleep related behavioral disorders.
- In order to help us best prioritize and best serve the needs of your patients, all parts of this form must be completed. PLEASE PRINT.

Date of Referral _____

Referring MD: _____ **Signature**_____

Reason for Referral (Please print):

☐ **Sleep study only** ☐ **Sleep study and Respirology Consultation** ☐ **Sleep study and Neurology Consultation**
☐ **Urgent, please explain:**

Pre-existing medical conditions:

☐ Neuromuscular disease _____
☐ Genetic syndrome/Craniofacial anomalies _____
☐ Oxygen/CPAP/BiPAP dependent _____
☐ Cardiac disease _____
☐ Neurological disorder _____
☐ Obesity _____
☐ Asthma/Chronic Lung Disease _____
☐ Other medical problems _____

***Special requirements** (wheelchair accessibility, lift, pumps, In-Exsufflator, diet, other)

In order to assess urgency, we need information about symptoms:

☐ Witnessed respiratory pauses > 10 seconds
☐ Gasping/struggling to breathe at night
☐ Morning headaches
☐ Declining school performance
☐ Presumed night terrors
☐ Snoring
☐ Frequent nocturnal arousals
☐ Daytime hypersomnolence
☐ Seizures
☐ Symptoms of depression

(Internal Sleep Lab use Only)

Date received: _____ **Referral #:**_____

☐ **New Patient**

Triage: ☐ Emergency (< 2 weeks)
☐ Urgent (< 3 months)
☐ Semi-Urgent (< 6 months)

Denied Reason: ☐ Referral does not meet criteria
☐ Patient Admitted
☐ Patient Request
☐ Referral Transferred to Other Department

☐ **Return Patient due:**_____

Incomplete ☐ Missing patient demographic information
Reason: ☐ Missing Relevant Patient Reports
☐ Referring Physician Request
☐ Unable to Contact Family/ Unable to Reach
☐ Other:_____

Referred out to: ☐ ENT Clinic
☐ Outside Pediatrician:_____
☐ Adult Sleep lab:_____
☐ Other:_____

Staffing Criteria/: ☐ Complex- Behavioural (Behavioural issues, developmental delay or age 6 months- 3 years)
Referral Type ☐ Complex Respiratory (i.e. ventilated, tracheostomy, complex respiratory illness)
☐ Complex- 1:1 Respiratory (i.e. ventilated, tracheostomy, complex respiratory illness)
☐ Simple- (not complex behavioural or respiratory)

Schedule With: ☐ Sleep Study Only ☐ Sleep Clinic Only (MacLusky, Katz) ☐ Sleep Study Followed by Clinic (MacLusky, Katz)

TRIAGED BY:_____