MyHealth | CENTRE
A WELL Health Company

REQUEST FOR EXAMINATION – BRAMPTON SLEEP DISORDERS

Chrysler Drive Centre
480 Chrysler Drive, Unit 34
Brampton, ON L6S 0C1
T: 905-790-8800 | F: 905-790-6008 | E: brampton_sleep@myhealthcentre.ca

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ URGENT

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____

Alt. Phone: _____

Date of Birth: _____

Health Card #: _____

Gender: _____ Height (cm): _____ Weight (kg): _____

Reason for Referral:

☐ Snoring
☐ Restless Legs
☐ Non-restorative Sleep
☐ Insomnia
☐ Witnessed Apnea
☐ Chronic Fatigue
☐ Excessive Daytime Sleepiness (EDS)
☐ Morning Headaches
☐ Other: _____

MEDICAL HISTORY

Medications: _____

Do you require any medication to be held for the sleep study: ☐ Yes ☐ No
If yes, please indicate which medication to hold: _____

Allergies: _____

Has this patient had a sleep study done previously? ☐ Yes ☐ No ☐ Unknown *If yes, please state date and location:* _____

Special Needs: ☐ Communication ☐ Hearing ☐ Mobility ☐ Other: _____

Is patient on oxygen? ☐ Yes (L/minute): _____ ☐ No ☐ Night-time Only ☐ Day and Night

Is patient on CPAP? ☐ Yes (cm H2O): _____ ☐ No

SLEEP CONSULTATIONS & STUDIES

☐ Consultation Only
  ○ First Available
☐ Sleep Study Only
☐ Consultation & Study
  ○ Dr. _____

OFFICE USE ONLY

Requisition Triage Done by: _____ Date: _____

☐ Urgency of Test Reviewed by Triage Doctor

Comments: _____

Date of Sleep Study: _____

Date of F/U: _____ Date of Consult: _____

☐ **Re-titration, starting pressure:** _____ cm H2O
☐ Other: _____

☐ **Special Considerations:** ☐ MSLT ☐ MWT
☐ Other: _____

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____
(Print Name)

_____
(Signature)

Billing Provider #: _____

CPSO #: _____

Tel #: _____

Fax #: _____

Date: _____

Copy To: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

48 HOUR CANCELLATION NOTICE REQUIRED – If you do not provide cancellation notice, you will be charged an administrative fee.

For location details, visit **MyHealthCentre.ca/Locations**.
For test preparation, see the back of this form or visit **MyHealthCentre.ca/Test-Prep**.

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All our services require a scheduled appointment.
Please provide 48 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

SLEEP STUDY PRE-TEST PATIENT INSTRUCTIONS

A sleep study is an overnight observation of a person sleeping, performed in a specialized sleep laboratory. The procedure consists of electrodes and other monitors attached to the skin with a small amount of paste and/or tape. A technologist will be monitoring your sleep through the night using audio-visual and other monitoring equipment.

You will be in a private room. Continuous contact with the Sleep Technologist will be possible if needed. Visits to the washroom are always possible. **These instructions MUST BE FOLLOWED so you are prepared for your sleep study.**

ON THE DAY OF YOUR SLEEP STUDY:

- Avoid alcohol the whole day of your study
- Avoid napping on the day of your study
- You can eat and drink normally until lunch time. After lunch, please do not have caffeine (no coffee, tea, pop, herbal teas or "decaf" products. Drink only water, juice and milk and eat normally, just no chocolate).
- Take all medications as normal: there is no need to stop anything unless otherwise instructed by your physician.
- Please do not wear perfumes or other strong scented toiletries
- Have dinner as usual before coming to the centre.

TO BRING/PACK WITH YOU FOR YOUR STUDY:

- Your health card (valid OHIP card, ensure your card is not expired)
- A current list of your medications
- If you are already on PAP therapy please bring your mask and your hose.
- Any medications that you will need to take before sleeping or in the morning when you wake up.
- A change of comfortable clothes to sleep in (that could be pajamas, T-shirt and shorts, or a T-shirt and track pants. Tight pants and leggings should be avoided as they make applying the leg wires difficult and uncomfortable for you. Sleeping with no shirt or pant is not permitted. The rooms are kept cold, so bring extra layers with you in case you need it.
- We have extra blankets and pillows so there is no need to bring these items.
- A towel and toiletries like: toothbrush, toothpaste, face wash, and anything else you need to get ready for bed. You can also bring a book or anything to read before bed. Your hair will be sticky in the morning from the paste used to apply the wires to your head. You can shower here but please bring all items with you (towel, shampoo, conditioner, soap etc).
- A bottle of water or juice to sip throughout the night if you like (clinic has a water cooler to refill bottles) and/or a snack (food is not permitted to be eaten in the bedrooms, only in the TV viewing area).

ABOUT YOUR OVERNIGHT STUDY:

- The technician will register you and get you set-up with a room and there will be some paperwork to fill out, 6 pages in total. There might be a waiting period before the start of your set-up as the technicians attend to other patients too.
- The technician will get you to change into your night-time attire and will be applying wires to your scalp (parting in-between your hair), face, chest and legs. Tight hair weaves might have to be loosened. Dark nail polish or extra long nails should be avoided as they affect the test results. The technician will be monitoring you throughout the night. The technician might come into your room during the night to adjust or fix equipment as needed. Taking pictures/videos of the staff or the facility is not permitted.
- Lights out is usually anywhere between 10:30pm to 11:30pm
- The technicians will wake you up around 5am. You can take a shower in the morning; however you will need to bring a towel, shampoo and soap with you.
- We do require a 48 hour cancellation notice otherwise there is a charge of $200.
- Phone calls are answered by day-time staff Monday-Thursday 7am-5pm and on Fridays from 7am-4pm. In the event of calling outside these hours, kindly leave your full name, and the number that is best to reach you at (clinic does not have caller I.D.). Your message will be responded to on the next business day. After 7pm only voicemails pertaining to a same day sleep study will be responded to by technicians.

DIRECTIONS TO SLEEP DISORDERS CLINIC:

We are located at 480 Chrysler Drive, Unit 34 on the south side of Williams Parkway, two blocks east of Torbram, west of Airport Road, at the corner of Williams Parkway and Chrysler Drive. We are in a plaza directly across the street from the Chrysler Plant. Free overnight parking is available.

Visit MyHealthCentre.ca

- ✓ Location services, hours and directions
- ✓ Chat live and book appointment online
- ✓ Test preparation in 20+ languages
- ✓ Reqs for sleep disorders, PET/CT and more
- ✓ Screening precautions and infection prevention
- ✓ Access your radiology images and results
- ✓ Satisfaction survey
- ✓ Join our team