



CHEO Sleep CLINIC Referral

Fax #: 613-738-4298

The focus of the CHEO Respiriology Sleep and Home Ventilation Clinic is the evaluation of sleep-disordered breathing. **At present we are not evaluating otherwise healthy children with sleep related behavioral disorders.**

**This referral form is for Sleep CLINIC only, for physician consultation.
To refer for a Sleep STUDY, please see the Sleep LABORATORY website/referral form.
To request both, please complete both forms**

Date of Referral: _____

Or Demographics Stamp:

Patient Last Name: _____

Patient First Name: _____

OHIP: _____

DOB: _____

Language: English/French/Other _____

Address: _____

Interpreter required

Parent 1: _____

Parent 2: _____

Phone: _____

Phone: _____

Referring MD/NP name: _____

Primary MD/NP name: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

PraCID: _____

Referral question:

Obstructive Sleep Apnea

Central Sleep Apnea

Hypoventilation

Narcolepsy

Clinical History (check all that apply):

Nocturnal symptoms:

Snoring/noisy breathing: < 3 nights/week > 3 nights/week

Observed apneas: < 10 sec > 10 sec

Gasping: < 3 nights/week > 3nights/week

Laboured breathing

Mouth breathing

Secondary enuresis

Daytime Symptoms:

morning headaches excessive somnolence

irritability poor concentration

poor/declining school performance

cataplexy sleep attacks



Relevant Past Medical History:

- Obesity: BMI %ile: _____ Asthma Epilepsy Congenital heart anomaly
 Diabetes or NAFLD or HTN ADHD Anxiety/Depression Developmental delay
 Autism Spectrum Disorder: level _____ Genetic disorder/syndrome: specify: _____

- patient would benefit from consult/Sleep Study orientation with Autism Program

Yes Not required

Other: _____

Physical examination findings:

Tonsil Size: _____ OR Adeno/tonsillectomy: year _____

Active Medication List:

 symptoms persist despite a 3 month trial of regular daily nasal steroids and/or montelukast

Any additional details that would assist in appropriate triaging, booking or evaluation:

If the patient has had a previous sleep study OUTSIDE of CHEO, please attach report.