



**CHEO Sleep STUDY/LABORATORY 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 a Sleep STUDY only, for physician consultation.  
To refer to Sleep CLINIC, please see the Sleep CLINIC 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.**