

## Sleep Laboratory Requisition

82 Buttonwood Avenue, Toronto ON M6M 2J5  
Tel: (416) 243-3631 Fax: (416) 243-3696  
www.westpark.org

**Note:** Please ensure **ALL SECTIONS** of the requisition are complete and/or include clinical notes.

Referring MD: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_

Ref.# \_\_\_\_\_

- Study ONLY**

**Study and Consult**

**Study and Follow-up**

### REASON(S) FOR STUDY

- Diagnostic                       Treatment / follow-up                       Change in symptoms

### PREVIOUS STUDY?

- No     Yes    Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Previous Hospital Admission with Isolation Precautions?

- No     Yes    Organism/Disease: \_\_\_\_\_

### CLINICAL DIAGNOSIS / SYMPTOMS

### MEDICATIONS

### SPECIAL CONSIDERATIONS Yes No

- Morbid obesity                      Approx. Wgt. \_\_\_\_\_  
 Incontinence                       Language barrier  
 Catheter                       Indwelling                       In/Out  
 Tracheostomy                       Seizures  
 G-Tube                       Psychiatric History

### ASSISTIVE DEVICES Yes No

- Wheelchair                       Scooter                       Rollator  
 Mechanical lift – bed transfer  
 Sliding board – bed transfer  
 Suction Equipment  
 Other \_\_\_\_\_

### STUDY CONDITIONS

- Unassisted - Diagnostic  
 CPAP titration / Follow-up    Settings: \_\_\_\_\_  
 BiLevel titration / Follow-up    Machine: \_\_\_\_\_ Settings: \_\_\_\_\_  
 Volume ventilator                      Machine: \_\_\_\_\_ Settings: \_\_\_\_\_  
 Oxygen titration                      Settings: \_\_\_\_\_  
 Other conditions/instructions: \_\_\_\_\_

### ADDITIONAL INFORMATION

Sleep Lab Use only

Date: \_\_\_\_\_ Time: \_\_\_\_\_  OP     IP     IP24hr    Study Performed: \_\_\_\_\_

Falls risk: +    -    NA