



# SLEEP-WAKE DISORDERS CLINIC

2130 Lawrence Ave. East, Suite 410, Scarborough, ON, M1R 3A6

Please fax requisition to Fax: 416.751.9104, Tel: 416.751.4356

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## REFERRAL PHYSICIAN

|                  |                                    |                              |
|------------------|------------------------------------|------------------------------|
| Physician's Name | Signature of Referring Physician   | Date of Request              |
| Billing No.      | Telephone No.<br>(       )       - | Fax No.<br>(       )       - |
| Address          |                                    |                              |

## PATIENT INFORMATION

|                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
| Last Name                             | First Name                            | Gender                                  |
| OHIP No.                              |                                       | Date of Birth (YYYY/MM/DD)              |
| Telephone - Home<br>(       )       - | Telephone - Work<br>(       )       - | Telephone - Mobile<br>(       )       - |
| Address                               |                                       |   |

Did the patient have a previous sleep study? ☐ Yes ☐ No (If yes) Where? \_\_\_\_\_ When \_\_\_\_\_

## CLINICAL SYMPTOMS LEADING TO REFERRAL

- ☐ Snoring (R/O sleep apnea)
- ☐ Snoring with witnessed sleep apnea
- ☐ Unrefreshing/non-restorative sleep
- ☐ Daytime sleepiness
- ☐ Chronic fatigue/fibromyalgia
- ☐ Sleeps alone + poor sleep
- ☐ Difficulty initiating and/or maintaining sleep
- ☐ Restless legs/leg twitches (R/O periodic limb movement disorder)
- ☐ Parasomnias (e.g. sleepwalking, nightmares, night terrors, sleep talking, sleep paralysis, violent or injurious behaviour in sleep, etc)
- ☐ Possible Narcolepsy (requires PSG + MSLT)
- ☐ Other, please specify: \_\_\_\_\_

## SERVICE REQUESTED

- ☐ ROUTINE ☐ URGENT
- ☐ Overnight sleep study (PSG) - if evidence of significant sleep apnea, will arrange CPAP titration and consultation with Sleep Specialist
- ☐ PSG Only (I'll do the management)
- ☐ Consultation
- ☐ PSG + MSLT (Daytime naps)
- ☐ Post-Surgery PSG
- ☐ PSG with oral appliance
- ☐ CPAP titration (Please provide us with previous sleep study results)
- ☐ Split-night sleep study
- ☐ Patient's been treated conservatively (Reassess sleep apnea)

## PERTINENT MEDICAL HISTORY

- Is Patient on: ☐ CPAP ☐ Oxygen, L/M \_\_\_\_\_ @ ☐ Night ☐ 24 Hrs.
- |  |  |
|--|--|
| <input type="checkbox"/> Obesity             | <input type="checkbox"/> Asthma/COPD                         |
| <input type="checkbox"/> Hypertension        | <input type="checkbox"/> Recent cough/cold/fever             |
| <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Airway surgery                      |
| <input type="checkbox"/> Angina              | <input type="checkbox"/> Diabetes                            |
| <input type="checkbox"/> Cardiac Arrhythmia  | <input type="checkbox"/> Depression, anxiety, panic disorder |
| <input type="checkbox"/> Stroke/TIA          | <input type="checkbox"/> Arthritis                           |
| <input type="checkbox"/> Epilepsy/seizures   | <input type="checkbox"/> Hepatitis                           |
| <input type="checkbox"/> Head Injury         | <input type="checkbox"/> HIV/AIDS                            |
| <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> MVA                 | Medications: _____   |

## FOR OFFICE USE ONLY

- ☐ PSG
- ☐ SPLIT-NIGHT
- ☐ CPAP TITRATION/FOLLOW UP @ \_\_\_\_\_ CM
- ☐ BIPAP
- ☐ MSLT
- ☐ MWT
- ☐ PSG WITH ORAL APPLIANCE
- ☐ CONSULTATION FIRST
- ☐ TRIAGED by SLEEP PHYSICIAN: \_\_\_\_\_

Please indicate any sleep-related limitation \_\_\_\_\_

(e.g. Attendant/Companion; Wheelchair; Language Barrier; etc):

Allergies and/or skin sensitivity: \_\_\_\_\_

|                |                   |
|----------------|-------------------|
| Date Received: | Sleep Study Date: |
|----------------|-------------------|



# SLEEP WAKE DISORDERS CLINIC

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Your Sleep Study appointment date: \_\_\_\_\_. (If you already have a **sleep study done in the past**, please

**Keep to your usual routine and medicines. Avoid daytime naps. Arrive on time at 8:30PM.**

On weekdays evening at 8:30pm, the front door will remain open and you will not have any problems getting access to the medical building. However the front doors of the building will be locked on Saturday, Sunday and on weekdays after 9:00pm. If your appointment is scheduled on Saturday or Sunday, or you arrived late, please call the sleep lab at 416.751.4356 and our technologist will open the door for you. Overnight parking is free.

**You can leave between 6:00 to 6:30AM.**

If you need to leave early (e.g. to go to work, etc), please inform our technologist at the beginning of the study. There are other patients sleeping in the clinic. Each of you will be assigned with your individual room. Every room is equipped with a double bed and a TV. Washroom and shower facilities are available.

## Frequent Asked Questions

### 1. What is a sleep study (polysomnogram)?

A sleep study is a recording of bodily functions during sleep. Recording will vary depending on individual basis. Some of the recordings taken may include:

- Brain wave** - detected through the electrodes applied on the skin surface of the head
- Eye movement** - Detected through the electrodes applied on the skin surface of each side of the eyes
- Muscle tone** - Detected through the electrodes applied on the skin surface of the chin
- Heart rate** - Detected through the electrodes applied on the skin of the chest
- Breathing patterns** - Detected through the sensor attached to the skin under the nose
- Breathing effort** - Detected through the small elastic bands attached around the chest and abdomen
- Leg movement** - Detected through the electrodes applied on the skin of each leg
- Oxygen level** - Detected through the sensor attached to the finger
- Body position and abnormal behaviours** - Monitored by a camera that can record in the dark

### 2. How can I sleep with all these things on me?

Most people can sleep well. Generally, you will not be aware that you are wearing the devices after they have been on for a short period of time. You can also turn and move around during your sleep. Our technologists will try their best to make your experience as comfortable and as similar to home. Many can actually sleep better than at home.

### 3. Will the sensor devices hurt?

No, all the sensor devices will be applied on the surface of the skin. A small group of individuals may experience a mild and temporary skin irritation causing by the sensor rubbing against the skin. You may feel a warm sensation on your finger where the oxygen-measurement device applied to.

### 4. Will I be given a drug to help me sleep?

No, we do not supply you with medications. Do not stop any of your medications, you can take your routine medications as usual. Prepare yourself as for a night at home. It is important not to consume any alcohol or caffeinated beverages 4 hours prior to the sleep study. .

### 5. What should I bring?

- ✓ **Your health card**
- ✓ **All your medications in their original containers, or bring a written list of medications**
- ✓ **Two-piece pyjamas (or shorts and T-shirt), toilet articles, a towel, robe and slippers**
- ✓ **Optional: reading material, so that you can read while you are waiting**
- ✓ **Do not apply any hair or skin creams, lotions, or sprays prior coming in for sleep study**

### 6. What is the role of the technologist who is assigned to you on your study night?

All our technologists are professionally trained and experienced in conducting a sleep study. Our goal is to optimize your comfort. Your technologist will be available to offer you with assistance if required. Please do not hesitate to ask your technologist for assistance if you have any questions or concerns. Should you need to go to the washroom, just say it out loud. Your technologist can hear you through the intercom located in each room.

### 7. What happens to the sleep study?

Your sleep study is recorded on the computer; All these data will be analyzed and interpreted by a sleep physician. The report will then be forwarded to your referring physician.

### 8. For CPAP sleep study ONLY

If you have been found to have trouble breathing in your sleep (sleep apnea), you will be asked to wear a hollow mask that blows air through your nose. This can correct your breathing problem and allow you to maintain normal breathing and to improve your sleep quality.

### 9. Follow-up appointment with Sleep Specialists

A follow-up appointment will be arranged for you after the sleep study. A sleep doctor will discuss about your sleep study results and managements with you during this appointment.

## LOCATION

2130 Lawrence Ave. East is located on Lawrence, east of Warden Ave and west of Birchmount Rd. The sleep clinic is located inside the medical/professional center on the 4<sup>th</sup> floor.

