



Patient Information

**Sleep Lab Requisition**  
**Bookings: 416-747-3700**  
**Fax: 416-747-3781**

Finch Reactivation Care Center  
 2111 Finch Avenue West  
 Main Floor, Toronto, ON  
 M3N 1N1

Alternate Phone #: \_\_\_\_\_

**Patient gave Informed Consent**

Referring Physician: \_\_\_\_\_

Copies to: \_\_\_\_\_

**SLEEP TESTS** (*Nursing care is not available in the sleep lab*)

**Note: If you do not attend or cancel without providing at least 24 hr notice, a \$541.00 charge will be applied**

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Baseline Sleep Study                              | <input type="checkbox"/> Paeds Baseline Sleep Study                          |
| <input type="checkbox"/> CPAP titration <input type="checkbox"/> BIPAP titration | <input type="checkbox"/> Pre-Op Study <input type="checkbox"/> Post Op Study |
| <input type="checkbox"/> Oxygen Requirements: _____ LPM                          | <input type="checkbox"/> Dental Appliance                                    |
| <input type="checkbox"/> Split Night Study (Baseline & CPAP)                     | <input type="checkbox"/> Other: _____  |

**Reasons for Referral**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Snoring / Suspected Sleep Apnea | <input type="checkbox"/> Chronic Insomnia | <input type="checkbox"/> Restless Leg Syndrome/<br>Periodic Leg Movements |
|  | <input type="checkbox"/> With sleep meds  |   |
|  | <input type="checkbox"/> No sleep meds    |   |
| <input type="checkbox"/> Nocturnal Movement Disorder     | <input type="checkbox"/> Other: _____     |   |

Appointment date: \_\_\_\_\_

**SPECIAL CONSIDERATIONS**  Yes  No

**ASSISTIVE DEVICES**  Yes  No

- |   |                                   |   |   |
|---|-----------------------------------|---|---|
| <input type="checkbox"/> Morbid Obesity | <input type="checkbox"/> Language | <input type="checkbox"/> Wheelchair                   | <input type="checkbox"/> Sliding board-bed transfer |
| <input type="checkbox"/> Mobility       | <input type="checkbox"/> Hearing  | <input type="checkbox"/> Scooter                      | <input type="checkbox"/> Suction Equipment          |
| <input type="checkbox"/> Incontinence   | <input type="checkbox"/> Sight    | <input type="checkbox"/> Rollator                     | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Tracheostomy   | <input type="checkbox"/> Other    | <input type="checkbox"/> Mechanical Lift-bed transfer |   |
| <input type="checkbox"/> G-Tube         | _____                             |   |   |

Additional Comments

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

**Note: Requisition must be signed by ordering physician in order to have appointment booked**

Form # 103203, version (01-2020)



## Patient Instructions

### **What is Sleep study?**

A sleep study helps to diagnose and evaluate a number of sleep disorders. Several electrodes are placed on your head, chest and leg; nothing goes in or under your skin. You will sleep in the Sleep Clinic all night in a private room.

### **What should I bring?**

Please bring your Health Card, a list of all the medications and the dosage you take. Also, bring medications you will need to take for the night if using CPAP bring the machine, tubing and the Mask. Two piece pajamas or T-shirt and shorts, personal items such as toothbrush, and your own pillow if you would like a change of clothes for the next day if needed. A book or magazine if you wish

### **Before the Test...**

Shower /shave before coming in for your sleep study do not use body lotion, hair spray, mousse or gel. Take all prescribed medications, unless otherwise instructed by your doctor

There are no restrictions to your eating so you can eat a normal meal prior to your Sleep study. However, we suggest that you avoid any caffeine beverages such as coffee, tea, cola or alcohol on the day of the test.

You may bring a drink and snack. Please do not bring large sums of money or jewelry with you to your appointment, and do not take any nap on the day of the Sleep study.

### **Coming to the Test...**

Please arrive at lab no later than 8pm so that your technician can register you. Be aware that overnight parking is available in the facility for a fee. Please be advised that there is a considerable walk from the parking lot to the lab. If you have mobility issues, please let team know in advance, as we may be able to offer some alternatives. If you require assistance with toileting and mobility, technicians are not able to assist you and must make your own arrangements or consult with the lab, as we may be able to book the appropriate caregiver for free.

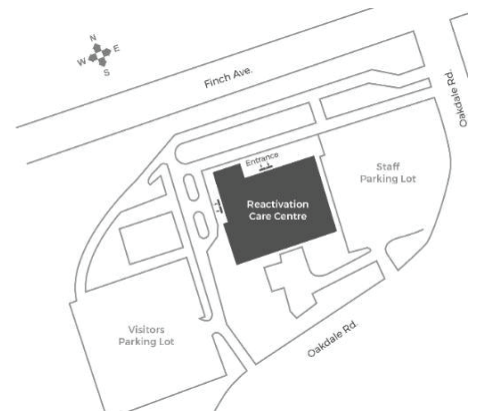
Your wakeup time the next morning is 5.30 to 6.00 am. You may resume regular activities after the sleep study.

### **Note: Sleep Lab is located at the Finch Site Only**

Address: 2111 Finch Ave West- Inside the Reactivation Care Center.  
The lab is on the East end of the main corridor on the Main floor

**Note:** For assistance after 7 pm, call 416-747-3700

(Staff can answer concerns but cannot book appointments.)



**FOR BOOKINGS, CANCELLATIONS OR INQUIRIES PLEASE CALL 416-747-3700 8am to 4pm M-F**

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