

Carling Respiratory Services

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Sleep Medicine Referral

201-1081 Carling Avenue
Ottawa, ON K1Y 4G2
Tel: (613) 729-8262
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REFERRING PHYSICIAN INFORMATION

Billing # Physician Name

Phone # Fax #

PATIENT INFORMATION/STICKER

Patient Name

OHIP # VC

Address

DOB (DD-MM-YY) Home/Cell Phone #

CONSULT DETAILS

- Consultation includes polysomnogram if indicated.
Please indicate urgency below:
 Routine Urgent
- Previous Polysomnogram:
 No Yes, specify when & where:

- Reason(s) for Referral:
 R/O Sleep Apnea
 Replacing Existing Positive Pressure Device
 Excessive Daytime Sleepiness
 Insomnia
 Limb Movements (PLMS/RLS)
 Parasomnias (Sleep Walking etc.)
 Other: _____
- Patient Occupation: _____

REASON FOR REFERRAL

In order to ensure timely triage of this patient, please attach patient profile including updated medication list & all relevant notes/test results.

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Visit us at:

www.carlingrespiratoryservices.com

