MISERICORDIA
Health · Centre
The future of care

SLEEP DISORDER CENTRE REFERRAL

Misericordia Health Centre
99 Cornish Avenue Winnipeg, MB R3C 1A2
Fax back to: 204 779-8657 Telephone: 204 788-8570

Referring Doctor Information:

Name	
Address	
Fax	
Phone	
Provider #	

Patient Name: Given Name Surname			
Home Address/Postal Code:			**PHIN:**
			MHSC:
Date of Birth: Day Month Year	**Main Phone #:**	**Weight (kg):**	**RCMP #**
Sex: ☐ F ☐ M	**Alternative Phone #:**	**Height (m):**	**Canadian Military #**
In-Patient location:	**Neck Circ.:** cm	**BMI:**	**Treaty #**

Referral Cause

Major Concern (check one)	Secondary/Other Concerns
☐ Snoring	☐ Snoring
☐ Apnea	☐ Apnea
☐ Insomnia	☐ Insomnia
☐ Parasomnia	☐ Parasomnia
☐ Restless Leg Syndrome	☐ Restless Leg Syndrome
☐ Hypersomnolence	☐ Hypersomnolence
☐ Respiratory Failure	☐ Respiratory Failure
☐ Narcolepsy	☐ Narcolepsy

Previous Sleep Study Performed ☐ Yes* ☐ No

*Please send copy of previous study

Comorbids

Hypertension (HTN)	☐ Yes	☐ No
Ischemic Heart Disease (IHD)	☐ Yes	☐ No
Congestive Heart Failure (CHF)	☐ Yes	☐ No
Arrhythmia	☐ Yes	☐ No
Stroke	☐ Yes	☐ No
Chronic Obstructive Pulmonary Disease (COPD)	☐ Yes	☐ No
Chronic Respiratory Failure (CRF)	☐ Yes	☐ No

If CRF please submit (if available):
- ☐ Spirometry
- ☐ ABG
- ☐ Overnight Oximetry

Other relevant medical concerns:

Degree of Daytime Sleepiness - Check all that apply

- ☐ Severe impairment of quality of life
- ☐ Threat to patient's safety
- ☐ Falling asleep in high stimulus situations

- ☐ Some impairment of quality of life
- ☐ Falling asleep unintentionally in low stimulus situations

- ☐ Minimal impairment of quality of life
- ☐ Falling asleep sometimes in low stimulus situation

Does patient operate heavy/dangerous equipment/transport vehicles? ☐ Yes ☐ No
Would any physical assistance or family support be needed for an overnight study? ☐ Yes ☐ No
Details if Yes:

Doctor's Signature *Today's Date*

Sleep Lab Chart Copy

Priority Status for appt scheduling completed by Sleep Disorder Centre Personnel only: ☐ High ☐ Moderate ☐ Mild