THE CENTRE FOR SLEEP AND CHRONOBIOLOGY

SleepMed.ca

Dr. Sat Sharma MD, FRCPC, FCCP (Respirologist) Medical Director
Dr. Harvey Moldofsky MD, FRCPC (Psychiatry) Research Director
Dr. Kenneth Chapman MD, FRCPC (Respirologist) Sleep Physician
Dr. Sanjive Jain MD, FRCPC (Internist) Sleep Physician
Dr. Celeste Thirlwell, MD, FRCPC (Psychiatry) Sleep Physician
Dr. Ivone Ferreira MD, FRCPC (Respirologist) Sleep Physician
Dr. Murray Berall MD, FRCPC (Nephrologist) Sleep Physician
Dr. Punam Mony Nimchonok MD, FRCP (Respirologist) Sleep Physician

☐ **College Site**
295 College St., Suite 301, Toronto, ON, M5T 1S2
Tel. (416) 603-9531; Fax (416) 603-2388

☐ **Wilson Site**
1054 Wilson Ave, North York, ON M3K 1G6
Tel. (416) 746-3012; Fax (416) 746-7016

Patient Referral Information

Patient's Name: _____ DOB (dd/mm/yyyy): _____

Address: _____

Telephone (Home): _____ Cell: _____

Health Card Number: _____ V/C: _____

Request for: ☐ Sleep Study & Consultation ☐ Sleep Study Only ☐ Consultation Only

Reason for Referral

☐ Sleep Apnea ☐ Insomnia ☐ Non-Restorative Sleep ☐ Sleepiness
☐ Sleep Schedule Disorder ☐ Restless legs ☐ Nocturnal Seizures ☐ Other
☐ Parasomnias/ Sleep Behavioral Disorders

Details, if "Other" _____

Current Medications: _____

Medical History: _____

Previous Sleep Studies? ☐ Yes (Provide reports) ☐ No Date of Previous Sleep Study: _____

Referring Physician's Information

Physician's Name: _____ Physician's Billing No: _____

Physician's Address: _____

Physician's Telephone: _____ Physician's Fax: _____

Date (dd/mm/yyyy): _____ Physician's Signature: _____