MedSleep

torontosleepinstitute
Toronto and Thornhill sites
info@medsleep.com • www.medsleep.com

PEDIATRIC REFERRAL FORM (Ages 4-18)

PLEASE NOTE, WE ARE UNABLE TO ACCEPT THE FOLLOWING REFERRALS AT PRESENT:

- All patients < 4y
- Patients < 13y with the following presentations: Insomnia, suspected RLS, suspected narcolepsy / hypersomnia, complex parasomnias (associated with self-injurious behaviours and / or suspected nocturnal seizure)
- Patients with craniofacial abnormalities, neuromuscular disease, complex neurological conditions

☐ **TORONTO EGLINTON LOCATION** 586 Eglinton Avenue East Suite 507 Toronto Ontario Canada M4P 1P2 *Phone*: 416-488-6980 *Fax*: 416-488-3998
☐ **TORONTO THORNHILL LOCATION** 390 Steeles Avenue West Suite 208 Thornhill Ontario Canada L4J 6X2 *Phone*: 905-709-9696 *Fax*: 905-709-9764

PERSONAL INFORMATION

Name _____
OHIP Number _____
Birth Date _____ Age _____
Height _____ Weight _____ Gender ☐ M ☐ F
Home Phone _____ Work Phone _____
Email _____

REFERRING PHYSICIAN

Physician _____
Billing # _____
Street Address _____
City _____ Postal Code _____
Phone _____ Fax _____
Email _____

REFERRAL FOR

☐ **CONSULTATION & SLEEP STUDY, IF INDICATED**
☐ **SLEEP STUDY ONLY** (*option available if referring MD is a pediatric ENT, sleep physician, or respirologist*)

REASON FOR CONSULTATION

☐ Snoring
☐ Witnessed apneas

FOR AGES 13-18 ONLY:

☐ Difficulty initiating sleep
☐ Difficulty staying asleep
☐ Circadian concern
☐ Assessment for teen CBT-I program
☐ Fatigue
☐ Excessive daytime sleepiness
☐ Parasomnia behaviours (sleep terrors / confusional arousals / sleepwalking)
☐ Restless leg syndrome or periodic limb movements
☐ Other _____

MEDICATIONS

RELEVANT INVESTIGATIONS/PHYSICAL FINDINGS

SPECIAL NEEDS

MEDICAL HISTORY ☐ Obesity with BMI > 35

PSYCHIATRIC HISTORY

COMMENTS

PHYSICIAN'S SIGNATURE

DATE

☐ *PLEASE CHECK IF YOU WOULD LIKE US TO SEND YOU MORE REFERRAL FORMS*

FOR OFFICE: ◯ *PED-R (4-12)* ◯ *PED-R (13+)* ◯ *PED-P* ◯ *PED-NP* ◯ *CBT-I*