PSG REQUISITION FOR

Pediatric (Adult) Sleep Services

12, 2439 54th Ave
SW Calgary, AB
T3E 3M4
P: 403.705.4343
F: 587.356.1840

MAPLE RESPIRATORY GROUP INC.
Inspired by your wellness™

PATIENT INFORMATION or OFFICE STAMP

Name: _____

PHN: _____

DOB: _____ Gender: Male ☐ Female ☐
MM/DD/YY

Parent's Names: _____

Phone #: _____

Address: _____

REFERRING MD or OFFICE STAMP

Name: _____

PRAC ID: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

Referral for: (check one or more boxes)

- ☐ Polysomnography
- ☐ Consultation - Edmonton only
- ☐ Oximetry
- ☐ Ambulatory testing for Sleep Apnea (16 years+)
- ☐ CPAP Intervention/Assessment
- ☐ Other: _____

History of Sleep Problems/Clinical History: (check one or more boxes)

- ☐ Snoring/Apneas
- ☐ Excessive daytime sleepiness
- ☐ Enuresis/bed wetting
- ☐ Sleepwalking/night terrors
- ☐ Frequent wakening
- ☐ Behavioral/emotional/neurocognitive
- ☐ Falling asleep/staying asleep
- ☐ Psychiatric conditions
- ☐ Restless legs syndrome
- ☐ Nightmares
- ☐ Circadian rythms (shifted clock)
- ☐ Other: _____

Medical Conditions: (check one or more boxes)

- ☐ Asthma/Allergies
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Syndromes - Down/Craniofacial/Genetic
- ☐ Obesity
- ☐ Had tonsils/Adenoids removed
- ☐ Recurrent tonsillitis
- ☐ Gastroesophageal reflux
- ☐ Seizures
- ☐ Other: _____

Current Medications:

_____

Medications to be stopped for study:

_____

Special Needs:

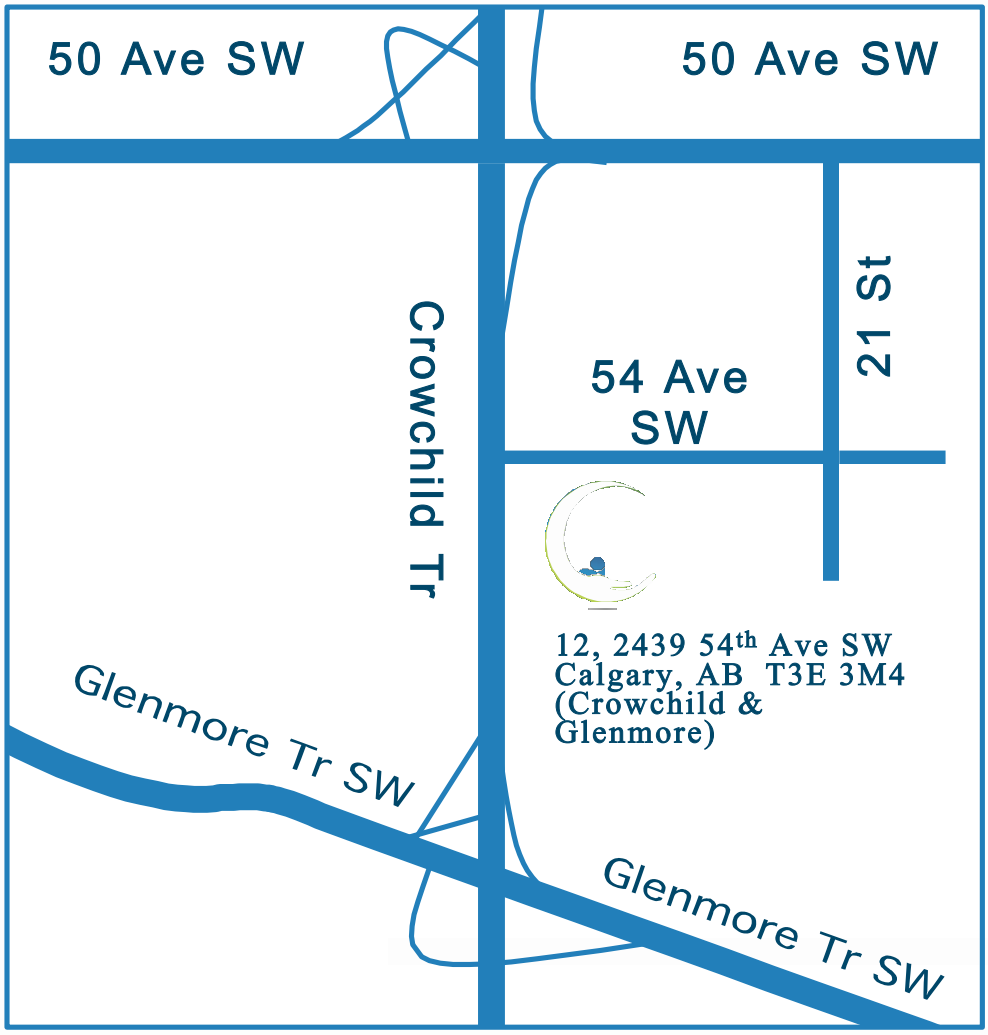
- ☐ Developmental Delay
- ☐ Limited Mobility
- ☐ Other: _____

Physician's Signature: _____ **Date:** _____
MM/DD/YY

OFFICE USE ONLY

Appointment Date: _____
MM/DD/YY

Approved by:



MRG Sleep Solutions Laboratory shares space with Respiratory Homecare Solutions

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