



481 London Rd.
 Sarnia, ON N7T 4X3
 Phone: 226-776-8891
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REQUEST FOR TESTING

Test Requested (check correct box):

- 1) Home Sleep Apnea Testing (HSAT)
 2) 24hr Ambulatory Blood Pressure Monitoring

Patient Information			
Last Name:	First Name:	Date of Birth:	Gender:
Street Address:	City:	Province:	Postal Code:
Health Card No:	Home Phone: _____ Cell Phone: _____	Email:	
*Requesting Physician: *Signature: _____	Requesting Physician Phone: Requesting Physician Fax #:	Family Physician:	
1) Reason for Referral (HSAT) Select all that apply:		2) Reason for Referral (Blood Pressure):	
<input type="checkbox"/> If patient tests positive for moderate/severe OSA, forward this referral to a sleep physician for consultation (this excludes no/mild OSA). <input type="checkbox"/> Provisional Diagnosis of obstructive sleep apnea <input type="checkbox"/> Snoring <input type="checkbox"/> Snoring with apnea <input type="checkbox"/> Witnessed apnea <input type="checkbox"/> Difficulty staying asleep <input type="checkbox"/> Fatigue <input type="checkbox"/> Morning Headaches <input type="checkbox"/> Excessive Daytime Sleepiness <input type="checkbox"/> Unrefreshing sleep <input type="checkbox"/> Elevated BMI <input type="checkbox"/> Other: _____		<input type="checkbox"/> Suspected White Coat Hypertension <input type="checkbox"/> Suspected Masked Hypertension <input type="checkbox"/> Suspected Hypertension <input type="checkbox"/> Baseline/routine BP Monitoring <input type="checkbox"/> Therapeutic follow up <input type="checkbox"/> Other (explain): _____	
Additional leads can be added to HSAT monitor if necessary (0-2): <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> Limb leads <input type="checkbox"/> Chin EMG		1 & 2) Patient's list of Medications: _____ _____ _____ _____	
		1 & 2) Pertinent Medical History: _____ _____	

*HSAT is not appropriate for general screening of asymptomatic populations. It is also not appropriate for the diagnosis of OSA in patients with significant comorbid medical conditions such as pulmonary disease, neuromuscular disease, or congestive heart failure that may degrade the accuracy of HSAT. HSAT is to be used for patients 12+ years of age.

*Please be aware that the above services are not covered by OHIP. A fee will be charged to the patient for each service.

*All professional testing results will be sent to the requesting physician and/or family physician. Restwell provides professional testing only and is not responsible for providing results to the patient. Patients are expected to receive their test results directly from their requesting, family physician or certified sleep physician.