



The Sleep Institute

* In-person & Virtual
Consultations Available

Additional Languages Spoken:
French, Hindi, Punjabi, Urdu,
Laotian & Tagalog

Sleep Services Referral

PHONE: 1-403-879-8263

FAX: 1-403-879-8261

Patient Information	Referring Clinic Information
Surname:	Referring Practitioner:
Given Name:	Clinic:
DOB (mm/dd/yy):	PRAC ID:
Gender:	Phone #
PHN:	Fax #
Address:	Primary Care Physician: (if different from above)
Preferred Contact #	Name:
Alternate Contact #	Phone #
Email Address:	Fax #

Comprehensive Sleep Assessment

Following pre-test screening and triage

Based on Triage, may Include: Sleep Apnea & Snoring Diagnostics (Level III HSAT and Level I PSG available); CPAP Treatment and/or Reassessment; Oral Appliance Assessment; Insomnia Treatment; Medication Tapering (e.g. BZDs, Z-drugs); Behavioural Sleep Medicine/Insomnia CBT; Pediatric Behavioural Sleep Medicine (all ages)

All Patients will meet with one of our Sleep Specialist Physicians

Medical History, Medications & Notes

** Referring Physicians May Use Free-Form Letter Instead **

Physician Signature: _____ Date: _____