The Sleep Institute

The Sleep Institute
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SELF-REFERRAL FORM

Our self-referral below is the quickest way to book your appointment if you are booking without a physician. Complete the form below and we will call you within two business days.

Last Name: First Name: Sex: M F

Address:
City *Province* *Postal Code*

Date of Birth: / / (*Month* / *Day* / *Year*) Personal Health Care No:

Home Phone: Cell Phone:

Email Address: Occupation:

Do you have a Family Doctor? Yes No Don't Remember Family Physician:

Address:
City *Province* *Postal Code*

Phone: Fax:

Mandatory - Check all that apply:

Primary Sleep Concerns:
- Obstructive Sleep Apnea (Snoring)
- Insomnia (Non-Restorative Sleep)
- Excessive Daytime Sleepiness (includes Narcolepsy)
- Shift Work/Jet Lag/Delayed Sleep Phase
- Athlete

Movement Disorders:
- Restless Legs Syndrome
- Periodic Limb Movement Disorder
- Sleep Bruxism
- Other, please specify:

Parasomnia:
- Sleepwalking/Night Terrors
- Violent behavior in sleep
- Nightmares
- Other, please specify:

Safety Sensitive Occupation:
- Professional Driver
- Airline Pilot/Flight Staff
- Doctor / Nurse
- Oilfield Worker
- Railroad Engineer/Conductor
- Emergency First Responder (EMS/Police/Fire)
- Other, please specify:

Additional Medical Information
Is there anything else we need to know about your medical history?

How Did You Hear About Us?
- Website
- Family/ Friend
- Doctor
- Social Media
- Presentation (Please Specify):
- Other, Please specify:

Copies of these referral forms can also be downloaded from our website at www.thesleepinstitute.ca (under "Referrals") and returned by fax or email.