



**West Whitby Sleep Clinic**

198 Des Newman Blvd  
Whitby, ON L1P 0P9  
Phone #: 905-721-4052  
Fax #: 905-721-4054

**Physicians**

Dr. Arunabh Sharma, MD, FRCPC, D. ABSM  
Dr. Rabea El-Keeb, MD, MBBch, FRCPC  
Dr. L. P. Iyer, MD, FRCP(C)

**Patient Information:**

Name: PS#:  
DOB: HN:  
Phone #: Alt Phone #:  
Address:  
Email:

**Please indicate type of referral:**

- Consultation, Diagnostic Sleep Study and CPAP Titration if needed
- Sleep Study Only       CPAP Titration with Assessment       Consultation Only

Please indicate at time of booking if you would like to request a specific physician or if your patient has been seen by one of our sleep specialists in the past. Please note we no longer see patients younger than 18 years old.

Of yes to any of the above please specify:

Consult Date:

Sleep Study Date:

**Reason for Referral:**

- Snoring       Sleep Apnea       Restless Legs Syndrome
- Nocturnal Seizures       Hypersomnolence       Parasomnia
- Unrestorative Sleep       Periodic Limb Movement Disorder
- Difficulty Initiating and Maintaining Sleep

Medications:

Has a sleep study been done previously?  Yes     No    If yes, When?:

**Does the patient have any special needs. (i.e. O2 user, Wheelchair, mobility issues, etc)?**

- Yes     No

Be sure to make reference to special needs when calling to book an appointment\* Specify:

**Please ask patient to bring their HEALTH CARD!**

**Referring Physician:**

Printed Name:

Telephone #:

Address:

Billing #:

Fax #:

Physician Signature:

Date: