SLEEP EFFICIENCY

TEL: (613) 852-8324
FAX: (613) 701-4104

WEB: WWW.SLEEPEFFICIENCY.CA
EMAIL: INFO@SLEEPEFFICIENCY.CA

PATIENT INFORMATION

FIRST NAME	LAST NAME		DATE OF BIRTH:
STREET ADDRESS:		CITY:	POSTAL CODE:
HEALTH CARD NO:	APPROX WEIGHT:	PHONE (DAYTIME):	PHONE (EVENING):

REASON FOR SCREENING REFERRAL

PLEASE CHECK ANY REASONS THAT APPLY:

- ☐ Snoring
- ☐ Morning headaches
- ☐ Poor memory/concentration
- ☐ Witnessed apneas
- ☐ Excessive daytime sleepiness

Make sleep work.

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