Ivone Martins Ferreira MD., M.Sc., Ph.D., FRCPC
Respiratory & Sleep Medicine

Assistant Clinical Professor of Medicine - McMaster University

340 College St, Suite 220B
Toronto, Ontario, M5T 3A9

TEL: 416-966-2525
FAX: 416-944-2525

PATIENT REFERRAL INFORMATION

TO:	**Dr. IVONE FERREIRA**	**Fax:416-944-2525**
FROM:		**BILLING #**
ADRESS:		
		PHONE #

DATE: _____

PATIENT INFORMATIONS:

Name: _____ D.O.B (dd/mm/yyyy) : _____

TEL: H ( ) _____ TEL: B ( ) _____

Patient's Address: HC #: _____

_____

_____

_____

Medical History:

_____

_____

_____

Medications (List):

_____

_____

_____

Please attach the following: ✓

Prior consultation notes
Prior chest x-rays/ ct reports
Prior Sleep Test/ Pft

Reason for Referral:

Sleep Assessment

Insomnia
Sleep Apnea
Snoring
Unrefreshing Sleep
Parasomnias

Had Previous Sleep Test

YES
NO

Physician's Signature: _____ Date: _____