



**A. Urgent referral information**

**1. Participant's name:** \_\_\_\_\_

**2. Participant's ID#:** \_\_\_\_\_

**3. Flagged for referral by:**

Technician ( )

Study coordinator ( )

Polysomnologist ( )

Other (specify): ( )

\_\_\_\_\_

**4. Approved for referral by:**

Sleep Reading Center ( )

Other (specify): ( )

\_\_\_\_\_

**5. Reason for referral:**

\_\_\_\_\_

\_\_\_\_\_

**6. Comments:**

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