

**PATIENT INFORMATION**

Name _____	Home Phone _____	DOB _____
Street Address _____	Work/Cell Phone _____	M/F _____
City, State, Zip _____	Email Address _____	
Insurance _____	Insurance ID # _____	
Subscriber _____	Medical Record # _____	

**PATIENT IS BEING REFERRED FOR (check only ONE from this section)**

**Sleep Study, Evaluation and Treatment**

- Consultation and Management**  
→ Visit with a sleep specialist to evaluate and treat patient.
- Sleep Study and Treatment**  
→ Includes sleep study (split night sleep study – first part diagnostic, second part CPAP titration if criteria met), post study consult and PAP therapy initiation (if indicated).
- Home Sleep Study and Treatment (adult only)**  
→ Includes sleep study, post study consult and PAP therapy initiation (if indicated). Patient has high probability of moderate-to-severe OSA and no significant co-morbid medical conditions or sleep disorders (appropriate insurance coverage required).

**Therapy Only**

- CPAP Therapy Program**  
→ Visit with a CPAP therapist for evaluation and training, initiation of therapy, mask fitting, compliance management or equipment assessment.

**Sleep Study Only** (Results sent to referring physician for further management.)

- Diagnostic Sleep Study**  
→ Full night polysomnography (PSG).
- Split Night Sleep Study**  
→ Full night sleep study. First part diagnostic, second part CPAP titration if criteria met.
- CPAP or Bi-level PAP Titration (circle one)**  
→ Full night titration for patients with documented sleep apnea.
- Diagnostic Sleep Study and Multiple Sleep Latency Test (MSLT)**  
→ Daytime nap test following a full night diagnostic PSG study to diagnose narcolepsy or excessive sleepiness.
- Home Sleep Study (adult only)**  
→ Patient has high probability of moderate-to-severe OSA and no significant co-morbid medical conditions or sleep disorders (appropriate insurance coverage required).

**MEDICAL HISTORY (a recent history and physical examination is required)**

**Suspected Disorder(s)**

- Obstructive sleep apnea (OSA)
- Narcolepsy
- Nocturnal seizures/parasomnias
- Insomnia
- Restless legs syndrome (RLS) or periodic limb movements of sleep (PLMS)

**Primary Symptoms**

- Snoring/gasping/choking
- Witnessed apneas
- Obese/large neck
- Daytime sleepiness
- Difficulty falling asleep
- Fragmented sleep
- Frequent leg movements during sleep

**Special Needs**

- Nocturnal O2 (level: \_\_\_\_\_)
- Interpreter (language: \_\_\_\_\_)
- Wheelchair
- Currently using PAP (pressure: \_\_\_\_\_ cm)
- Other \_\_\_\_\_

Medications and/or comments: \_\_\_\_\_

**PHYSICIAN INFORMATION**

**Referring Physician**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Primary Care Physician** Same as Referring Physician  Yes  No

Name \_\_\_\_\_


Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

 **Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_