

**PATIENT REFERRAL**

Date \_\_\_\_\_ Diagnosis (ICD 9 Code) \_\_\_\_\_

Prior sleep testing?  YES  NO If yes, please send previous study.

**PATIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Sex  Male  Female  
 Social Security Number \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**REFERRING PHYSICIAN (Please Print)**

Name \_\_\_\_\_ Staff Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 UPIN \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING. AN APPOINTMENT CANNOT BE MADE WITHOUT THE FOLLOWING INFORMATION. THANK YOU.**

- |  |   |
|--|---|
| <input type="checkbox"/> Orders including Diagnosis Code | <input type="checkbox"/> Demographics                       |
| <input type="checkbox"/> Copy of Insurance Card(s)       | <input type="checkbox"/> Copy of Drivers License            |
| <input type="checkbox"/> History and Physical            | <input type="checkbox"/> Recent Dictation                   |
| <input type="checkbox"/> Medication list                 | <input type="checkbox"/> Previous sleep study if applicable |

**STUDIES REQUESTED**

- PSG + CPAP titration (standard sleep study)  
 PSG (diagnostic study only)  
 CPAP titration (therapeutic study only)  
 MSLT (multiple sleep latency test) will be preceded with a PSG study  
 MWT (maintenance of wakefulness test)  
 Other \_\_\_\_\_

The patient may take their own medications as listed in the history and physical or medication reconciliation. Consultation with a sleep physician to evaluate the patient's sleep, review results with patient, initiate therapy and monitor the patient's progress and compliance will be provided unless otherwise indicated.

Signature of Ordering Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM  
 Signature of Referring Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM