

## REFERRAL FORM

Please **FAX** in addition to the patient's history & physical any office notes and copies of their insurance card (s) to 520-423-3977

### Patient Information

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
Home Phone \_\_\_\_\_ Age \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_  
Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### Provider Directives

PT Neck Size \_\_\_\_\_ BMI \_\_\_\_\_  
Allergies \_\_\_\_\_ Medications \_\_\_\_\_

#### Patient Symptom (s) Presentation:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Excessive Daytime Sleepiness           | <input type="checkbox"/> COPD/Pulmonary Problems  |                                       |
| <input type="checkbox"/> Observed Apneas<br>Neurologic disorder | <input type="checkbox"/> Movements of Body/Limb that are<br>excessive or prevent sleep. |                                       |
| <input type="checkbox"/> Loud Snoring                           | <input type="checkbox"/> Obesity  |                                       |
| <input type="checkbox"/> Cardiovascular Disease                 | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Others Please Note* _____              |   |                                       |

### Provider Order

- Assessment For Sleep Study
- Baseline Polysomnography PSG (Without CPAP initiation)
- Split Night Polysomnography screen (With CPAP initiation)
- CPAP Titration (for patients whom have previous sleep studies)
- BIPAP Titration (what are your concerns)
- Multiple Sleep Latency Test (Following our full overnight study) Narcolepsy Screen
- Polysomnography Screen for Parasomnias, Seizures or REM Behavior Disorders
- Oximetry with Exercise and at Rest      On Room Air      On O2@\_\_\_\_\_lpm
- In Home Sleep Study
- Overnight In Home CPAP Auto-Titration

Comments or Concerns \_\_\_\_\_

Print Provider Name \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_