



**PLEASE FAX TO 503.688.5509**

## REFERRAL FORM

Erica Cayson, RPSGT, RST  
Clinical Administrator

### PATIENT INFORMATION

### PHYSICIAN INFORMATION

Name		Name	
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone	Cell#	Office Phone	Fax
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Office Mgr./Contact Name	
Email		If Patient is a Minor, Parent/Guardian Name	

### INSURANCE 1

Insurance Name		
ID#	Group	
Subscriber	Relation to Patient	DOB

### MEDICAL SERVICES—PLEASE CHECK WHICH PROCEDURE YOU WOULD LIKE COMPLETED

- Comprehensive care (Initial consult, sleep study, follow-up, CPAP and supplies)
- Sleep study only     Diagnostic     Titration     Split night     MSLT     MWT
- Home sleep study with CPAP/BIPAP setup (Initial consultation is required before the study.)
- CPAP/BiPaP/supplies only visit (PCP: Please send results of last sleep study if this is a new patient.)

### INDICATIONS FOR EVALUATION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Snoring 786.09                         | <input type="checkbox"/> Witnessed apnea/gasping 327.23 | <input type="checkbox"/> Excessive daytime sleepiness 780.54   |
| <input type="checkbox"/> Excessive daytime fatigue 780.54       | <input type="checkbox"/> Sleepy driver                  | <input type="checkbox"/> Multiple awakenings                   |
| <input type="checkbox"/> Concentration problems                 | <input type="checkbox"/> Memory problems 780.93         | <input type="checkbox"/> Insomnia 307.42 (idopathic?)          |
| <input type="checkbox"/> Unexplained headaches 784.0            | <input type="checkbox"/> Pediatric behavioral problems  | <input type="checkbox"/> Narcolepsy 347.0                      |
| <input type="checkbox"/> Parasomnia 327.44                      | <input type="checkbox"/> COPD 496.0                     | <input type="checkbox"/> Bariatric surgery V45.86              |
| <input type="checkbox"/> Morbid obesity 278.01                  | <input type="checkbox"/> Restless Leg Syndrome 333.94   | <input type="checkbox"/> Leg kicks in sleep 327.51             |
| <input type="checkbox"/> High-dose opioid medications           | <input type="checkbox"/> Nocturnal acid reflux 530.81   | <input type="checkbox"/> HTN 401.9                             |
| <input type="checkbox"/> Stroke 436.0                           | <input type="checkbox"/> Cardiac arrhythmias 427.89     | <input type="checkbox"/> Pulmonary HTN 416.0                   |
| <input type="checkbox"/> Ineffective CPAP therapy               | <input type="checkbox"/> Reevaluation of sleep apnea    | <input type="checkbox"/> Sleep disturbance, unspecified 780.50 |
| <input type="checkbox"/> Stop Bang Assessment>three positive    | <input type="checkbox"/> Diabetes 250.0                 | <input type="checkbox"/> A Fib 427.31                          |
| <input type="checkbox"/> Periodic limb movement disorder 327.51 | <input type="checkbox"/> CHF 428.0                      | <input type="checkbox"/> Sleep Apnea 327.23                    |
| <input type="checkbox"/> Sleep timing/rhythm problems 169.4     |   |  |

### SPECIAL INSTRUCTIONS/NEEDS

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Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Vivek Dogra, MD Medical Director

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