THE QUEEN'S SLEEP CENTER

The Queen's Medical Center
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ACCREDITED MEMBER CENTER

SLEEP CENTER REFERRAL FORM

Patient Name:_____ **Hospital MRN:** _____

Sex: M F Age:_____ **Date of Birth:**_____ **Ht:**_____**In. Wt:**_____**lbs.**

Insurance:_____ **Patient Contact Number:** _____

CONSULTS and TEST: CHOOSE ONLY (1) ONE

☐ **Sleep Consultation and Management:** Sleep Specialist to manage, testing, treatment, and follow-up

☐ **Sleep Testing Only:** Referring physician will manage treatment and follow-up

(Medical Director will determine appropriate test: Diagnostic full-night polysomnography, Split-night polysomnography, CPAP Evaluation, Home Sleep Test (HST), MSLT, MWT)

Please Check All Appropriate Items

Pulmonary Disease: ☐Asthma ☐Bronchitis ☐COPD ☐CO2 Retention ☐Hypoxemia ☐Other: _____

SLEEP HISTORY

Check All Appropriate Items

Major Criteria - At least one (1) required

☐Documented Unexplained Sleep-Related Cardiac Arrhythmias
☐Documented Unexplained Sleep-Related Oxygen Desaturation
☐Observed Apnea
☐Snoring
☐Documented Sleep Apnea
☐Excessive Daytime Somnolence

Minor Criteria
(TWO or more required, if only 1 major criterion indicated)

☐ Neuromuscular Disease
☐ Cerebrovascular Accident
☐ Cor Pulmonale (unexplained)
☐ Decreased Cognitive Function
☐ Memory Impairment
☐ Pulmonary Hypertension
☐ Morning Headaches
☐ Hypertension
☐ Obesity
☐ Polycythemia
☐ Hypothyroidism (untreated)

HEENT Abnormalities

☐ Craniofacial Abnormality (Down's Syndrome, Acromegaly)
☐ Enlarged Tonsils / Adenoids
☐ Long Soft Palate
☐ Narrow High-Arched Palate
☐ Macroglossia
☐ Micrognathia
☐ Nasal Obstruction

Other:

☐ Narcolepsy ☐Sleep-Related Myoclonus ☐Other:_____

The above criteria is sufficient for a SLEEP TEST ORDER but DOCUMENTATION of the above criteria is REQUIRED in PROGRESS NOTES for INUSRANCE purposes.

***** PLEASE INCLUDE PATIENT'S DEMOGRAPHIC INFO, INSURANCE, & PROGRESS NOTES. THANK YOU. *****

Referring Physician's Signature:_____ **Date:** _____

Referring Physician:_____ **Phone:**_____ **Fax:**_____
(Please Print Name)