



PULMONARY & SLEEP
CONSULTANTS, LLC

M. Qadoom, M.D.

Board Certified:
Pulmonary Medicine
Critical Care Medicine
Sleep Medicine

PULMONARY & SLEEP CONSULTANTS, LLC

WESTERVILLE SLEEP DIAGNOSTIC SERVICES

Patient Sleep Evaluation Form

****FAX completed form to 614-898-9350****

Patient Name: _____ Date: _____

Phone: _____ Alt.Phone: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance: _____

Referring Physician Information:

Name: _____ Phone: _____ Fax: _____

****Please send a copy of insurance card(s) and recent office notes****

Physician Order:

- Consult *and* associated sleep studies
- Home sleep apnea testing (HSAT) *only, no consultation*
(to be completed within one week, either in office -or- sent to patient with instructions)
- Standard sleep study (split-night will be attempted, if meets criteria)
- Baseline PSG only (No PAP trial)
- PAP titration
- Evaluate and treat for Narcolepsy
- Evaluate and treat for Insomnia
- Other: _____
(please specify)

Evaluate For:

- Excessive daytime sleepiness/hypersomnia
- Snoring/arousing gasping for air/dysfunctions associated with sleep stages or arousal from sleep
- Somnambulism or night terrors
- Witnessed to stop breathing/unspecified sleep apnea/other
- Obstructive sleep apnea
- Narcolepsy with cataplexy
- Insomnia with sleep apnea
- Other: _____
(please specify)

Special Instructions:

Signature of Ordering Physician

Date