

REFERRAL

Freedom Diagnostic Services

~Sleep Lab~

1288 W. Main Street #200
Ph 972.221.1212

Lewisville Texas 75067
Fax 972.221.8252

Patient Name: _____ Male/Female _____ DOB: _____

Address: _____ Home # _____ Cell #: _____

Referring Physician : _____ Ph#: _____ FAX# _____

Insurance Carrier: _____ Subscriber # _____ ICD _____ Ht: _____ WT: _____

Presenting Symptoms:

_____ Loud Snoring	_____ Morning Dry Mouth
_____ Excessive daytime somnolence	_____ Fatigue
_____ Observed Apneas	_____ Sleep Paralysis
_____ Awakening gasping for breath	_____ Leg Jerks (RLS)
_____ Non-restorative sleep	_____ Cataplexy / Sleep attack
_____ Morning headaches	

Test Requested:

_____ HST
_____ Polysomnography
_____ Split Night (PSG/Titration)
_____ Titration
_____ Titration Pressure ck (for patients symptomatic already on CPAP)
_____ MSLT
_____ Pulmonary Rehab

Epworth Sleepiness Scale (if available)

0=never 1=slight chance 2=moderate chance 3=high chance

Sitting/reading: _____ Sitting inactive (theater, etc): _____ Passenger in car (hour+) _____
Watching TV: _____ Lying down/resting during day: _____ Sitting/talking: _____
Sitting after lunch quietly (no alcohol): _____ In Car while stopped in traffic: _____

Physician Signature: _____ Date: _____ NPI: _____