

**REFERRAL**

# Freedom Diagnostic Services

~Sleep Lab~

1288 W. Main Street #200  
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Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home # \_\_\_\_\_ Cell #: \_\_\_\_\_

Referring Physician : \_\_\_\_\_ Ph#: \_\_\_\_\_

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: \_\_\_\_\_