

REFERRAL**Freedom Diagnostic Services**
~Sleep Lab~**1288 W. Main Street #200**
Ph 972-221-1212**Lewisville, Texas 75067**
Fx 972-221-8252

Name _____ **Male/Female DOB** _____
Address _____ **Hm #** _____
Referring Physician _____ **Cell #** _____
Ins.Carrier _____ **Ph** _____
ICD _____ **Ht** _____ **Wt** _____

Presenting Symptoms:

<input type="checkbox"/> Loud snoring	<input type="checkbox"/> Morning dry mouth
<input type="checkbox"/> Excessive daytime somnolence	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Observed Apneas	<input type="checkbox"/> Sleep paralysis
<input type="checkbox"/> Awakening gasping for breath	<input type="checkbox"/> Leg jerks (RLS)
<input type="checkbox"/> Non-restorative sleep	<input type="checkbox"/> Cataplexy /Sleep attack
<input type="checkbox"/> Morning headaches	

Test Requested:

<input type="checkbox"/> Polysomnography
<input type="checkbox"/> Split Night (PSG/Titration)
<input type="checkbox"/> Titration
<input type="checkbox"/> Titration Pressure ck (for patients symptomatic already on CPAP)
<input type="checkbox"/> Home Study (2 night test)
<input type="checkbox"/> 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 t.v. _____ Lying down/resting during day _____ Sitting/talking _____****Sitting after lunch quietly (no alcohol) _____ In car while stopped in traffic _____****Ordering Physician: _____ NPI: _____ Phone: _____****Signature _____ Date _____**

**Pulmonary Rehab Referral
Physical Therapy**

Freedom Rehab Specialties
1288 West Main #200 Lewisville, TX 75067
Ph. 972-221-1212 Fax 972-221-8252

Date: _____

Patient Name: _____ Pt. Phone: _____

Address: _____ City: _____ Zip: _____

Diagnosis (circle all that apply)					
491.*	Bronchitis	500	Coal Workers Pneumoconiosis	506.*	Resp cond due to fumes/vapors
492.8	Emphysema	501	Asbestosis	508.1	Resp Condition due to radiation
493.20	Chronic Obstructive Asthma	502	Pneumoconiosis/Silica	515	Postinflammatory pulm fibrosis
494.*	Bronchiectasis	503	Pneumoconiosis/Inorganic dust	518.1	Interstitial emphysema
J44.9	Chronic Airway Obstruction	504	Pneumonopathy/Dust inhalation	518.89	Other lung diseases, not classified
340	Multiple Sclerosis	719.0*	Joint effusion	728.2	Muscular wasting & disuse atrophy
342.*	Hemiplegia/hemiparesis	719.4*	Joint pain	729.*	Limb pain or swelling
344.*	Other Paralytic Syndromes	719.5*	Stiffness of Joint	729.1	Fibromyalgia
358	Myasthenia Gravis	719.7*	Difficulty in walking	780.*	Vertigo
438.*	Late Effects cerebrovascular disease	723.1	Cervicalgia	781.*	Gait abnormality/ Lack of Coord
714.0	Rheumatoid Arthritis	724.*	Back Pain	799.3	Debility, unspecified
715.*	Osteoarthritis and allied disorders	726.71	Achilles bursitis or tendonitis	840.*	Sprains & strains
718.4*	Joint contracture	726.72	Tibialis Tendonitis	923.*	Contusion
294.10	Dementia	301.7	Antisocial personality disorder	308.9	Unspecified reaction to stress
296.3*	Major Depressive disorder, recurrent	305.0*	Nondependent alcohol abuse	309.*	Adjustment depressive reaction
300.0*	Anxiety/Neurotic disorders	306.0	Physiological Malfunc –musculoskel	309.9	Unspecified adjustment reaction
300.3	Obsessive-compulsive disorders	306.1	Physiological Malfunc– respiratory	311	Depressive disorder, not classified
625.6	Stress Incontinence (female)	788.32	Stress Incontinence (male)	788.39	Other urinary incontinence
788.31	Urge incontinence (male & female)	788.33	Mixed Incontinence (male & female)	788.30	Enuresis not otherwise specified
250.7*	Diabetes	414.0*	Coronary Atherosclerosis	437.0	Cerebral atherosclerosis
272.*	Disorders of Lipid metabolism	416.*	Chronic Pulmonary Heart Disease	458.*	Hypotension
276.*	Fluid/Electrolyte imbalance	424.*	Coronary Valve Disorders	710.0	SLE
401.*	Hypertension	426.*	Arrhythmias/Abnormal Heart Sounds	780.*	Changes in mental status, Vertigo
402.*	Hypertension	427.*	Arrhythmias/Abnormal Heart Sounds	780.*	Abn. Respiratory function/breathing
411.0	Post MI Syndrome	785.*	Arrhythmias/Abnormal Heart Sounds	V15.1	Hx of surgery to heart/great vessels
412	Old MI	428.*	CHF	V42.6	Lung replaced by transplant
413.*	Angina	429.2	Cardiovascular Disease, unspecified		

Treatment Orders

*** Please attach all significant medical history and current medical findings from last physical exam***

Respiratory	Pulmonary Rehab—Evaluate and Treat (includes: Initial Evals by RT,PT, MSW and f/u treatment) Initial Evaluation Only (includes : Spirometry, 6 minute walk) Oxygen prn to maintain SpO2>90% Frequency _____ x per week Duration _____ weeks	Physical Therapy	Physical Therapy—Evaluate and Treat Initial Evaluation Only Frequency: _____ x per week Duration: _____ weeks

Physician Signature: _____ NPI: _____
Name: _____