

**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 # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_  
Referring Physician \_\_\_\_\_ Ph \_\_\_\_\_  
Ins.Carrier \_\_\_\_\_ 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:**

\_\_\_\_\_ Polysomnography  
\_\_\_\_\_ Split Night (PSG/Titration)  
\_\_\_\_\_ Titration  
\_\_\_\_\_ Titration Pressure ck (for patients symptomatic already on CPAP)  
\_\_\_\_\_ Home Study (2 night test)  
\_\_\_\_\_ 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\*\*\***

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

Physician Signature: \_\_\_\_\_  
Name: \_\_\_\_\_

NPI: \_\_\_\_\_