

SLEEP REFERRAL FORM

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sleep insights
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- 1.) Clinical notes 2.) Medication list 3.) Insurance card 4.) Demographic sheet**

Last name	First name	MI
Phone	DOB	Sex: M F

EVALUATE FOR OBSTRUCTIVE SLEEP APNEA G47.33 or _____

- Clinical Symptoms:** ___ Snoring ___ Insomnia ___ Nocturnal palpitations
 ___ Gasping for air ___ Excessive daytime sleepiness ___ Morning headaches
 ___ Witnessed apneas ___ Frequent nocturnal urination ___ Restless legs
- Sleep Comorbidities:** ___ Hypertension I10 ___ Diabetes E08.4 ___ Other _____
 ___ CAD I25.1 ___ CHF I50.9 ___ Arrhythmia I49.9 /Atrial Fibrillation I48.91
 ___ Stroke I63.30 / TIA G45.9 ___ Obesity (BMI>30) E66.9 ___ Upper airway abnormalities J44.9

SLEEP EVALUATION AND MANAGEMENT REFERRAL (RECOMMENDED)

Initial consultation with sleep specialist, indicated sleep studies, management (e.g. CPAP / oral appliance) and any necessary follow up

CHECK IF REQUESTING TESTING BEFORE EVALUATION. CLINICAL NOTES MUST MEET AUTHORIZATION CRITERIA

Testing / Sleep study

- ___ Complete sleep testing (PSG and CPAP titration) ___ Nocturnal Polysomnogram (PSG) ___ Home Sleep Apnea Test
 ___ CPAP titration ___ BiPAP titration ___ BiPAP ST titration ___ ASV titration
 ___ Mean Sleep Latency (PSG + MSLT) ___ Maintenance of Wakefulness Test (MWT)
 ___ I do not want clinic evaluation. I will follow up sleep study results myself (If unchecked we will manage patient in sleep medicine clinic)

IF REQUESTING TESTING ONLY please complete Epworth Sleepiness Scale and neck circumference

How likely are you to doze off or fall asleep in the following situations, compared to just feeling tired?

0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

SITUATION	CHANCE OF DOZING	SITUATION	CHANCE OF DOZING
Sitting and reading		Lying down in the afternoon	
Watching TV		Sitting and talking to someone	
Sitting, inactive, in a public place		Sitting quietly after lunch without alcohol	
As a passenger in a car for an hour		In a car, while stopped for a few minutes in traffic	

TOTAL SCORE:

NECK CIRCUMFERENCE:

inches

Practitioner's signature _____ Date _____

Practitioner's name (PRINT) _____ NPI _____