

TIN: 912050681

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Seattle, WA 98125
- 13531 Juanita-Woodinville Way NE
Kirkland, WA 98034
- 509 Olive Way Suite 1435
Seattle, WA 98101

Providers: Gandis Mazeika, M.D., Reuben Walia, M.D., Alice Coad, ARNP, Christopher Craig ARNP

Patient Information:

Patient Name: _____ DOB: _____

Patient Phone Number: _____ Insurance: _____

Type of Referral:

- Consult**
- Home Sleep Test (HST):** Diagnostic CPAP / BIPAP / ASV - titration (circle one) Oral Appliance
- Polysomnogram (PSG):** Diagnostic CPAP / BIPAP / ASV – titration (circle one) Oral Appliance

Patient is symptomatic or has prior diagnosis of the following (check all that apply):

- Obstructive Sleep Apnea (OSA): 327.23
(witnessed gasping; loud snoring)
- Hypoventilation; sleep related: 327.26
- Restless leg syndrome (RLS): 333.99
- Periodic limb movement disorder (PLMD): 327.51
- Excessive daytime sleepiness: 780.54-9

Patient has documented history of the following:

- Impaired cognition: 331.83
- Mood disorders: 296.90
- Insomnia: 780.52
- Hypertension: 401.9
- Ischemic heart disease: 410-414
- History of stroke: V12.54
- Musculoskeletal / Neurological Disorder – please specify: _____

Please Include with Order:

- Patient Demographics
- Insurance (if possible, copy of physical card front and back)
- Chart note(s) including problem list and medication list

Epworth Sleepiness Scale

0 = would never doze; 1 = slight chance of dozing; 2 = moderate chance of dozing; 3 = high chance of dozing				
Sitting and Reading	0	1	2	3
Sitting inactive in a public place (theater, meeting)	0	1	2	3
Passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
In a car, stopped for a few minutes in traffic	0	1	2	3
Watching TV	0	1	2	3
TOTAL	/ 24			

Referring Provider Name: _____

Date: ___ / ___ / ___

Phone: _____