

1665 Dominican Way #222

Santa Cruz, CA 95065

## **SLEEP HEALTH MD**

www.SleepHealthMD.com

## Request for Sleep Disorders Consultation/Testing

	Home Phone:		
Address:	Mobile Phone: E-Mail DOB:		
Preferred Language: □English	⊔Spanish ⊔O	ther:	
** In order to expedite your patient's treatment, please INCLUDE ALL PATIENT DEMOGRAPHICS INSURANCE INFORMATION, RAF and CURRENT PROGRESS NOTES **			
SYMPTOMS: Must be checked in o  Witnessed Apneas Dexcessive D  Restless sleep Docturnal leg jerl  Insomnia Derectile Dysfunction	aytime Sleepiness/Fat ing □Cardiovascular	igue □Snoring □ Disease (CHF-CVA	Obesity □Hyperactivity A-MI)
LOCATION: ☐ Santa Cruz ☐W	atsonville DSunnyv	vale Monterey	
CARE MANAGEMENT Complete evaluation and management, ncluding consultation, sleep study (if needed), ollow-up, CPAP Clinic, etc.	IN-LAB SLEEP STUDY Complete in-lab sleep study attended by sleep technologist.		IN-LAB TITRATION A sleep technologist adjusts pressure to eliminate apneas, hypopneas and snoring.
IN-HOME SLEEP STUDY  At-home testing is only appropriate for patients who meet the following criteria:  No significant cardiac or pulmonary disease and few medical co-morbidities.  Insurance allowing for in-home sleep study  18 years or older		IN-HOME CPAP TITRATION In-lab attended CPAP titration will be done if home study is not adequate.	
☐ INSOMNIA CONSULTATION  Note: Sleep studies are <b>not</b> indicated for insomnia.		CIAL INSTRUCTIONS	6/REQUESTS
MD Signature (Required): Speci			
Phone: Fax:			
Address:	City:	Zip:	
Santa Cruz	Watsonville_	Monterey	<u>Sunnyvale</u>

FAX TO: (866) 264-3890 Questions? Call us at (844) 38SLEEP www.sleephealthmd.com

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Freedom, CA 95019

101 Wilson Road #D

Monterey, CA 93940

260 S Sunnyvale Ave #6

Sunnyvale, CA 94086