



# SLEEP HEALTH MD

www.SleepHealthMD.com

## Request for Sleep Disorders Consultation/Testing

Patient Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Language:  English  Spanish  Other: \_\_\_\_\_

**\*\* 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 order to document MEDICAL NECESSITY**

Witnessed Apneas  Excessive Daytime Sleepiness/Fatigue  Snoring  Obesity  Hyperactivity  Restless sleep  Nocturnal leg jerking  Cardiovascular Disease (CHF-CVA-MI)  
 Insomnia  Erectile Dysfunction  Other: \_\_\_\_\_

**LOCATION:**  Santa Cruz  Watsonville  Los Gatos  Sunnyvale

<input type="checkbox"/> <b>CARE MANAGEMENT</b> Complete evaluation and management, including consultation, sleep study (if needed), follow-up, CPAP Clinic, etc.	<input type="checkbox"/> <b>IN-LAB SLEEP STUDY</b> Complete in-lab sleep study attended by sleep technologist.	<input type="checkbox"/> <b>IN-LAB TITRATION</b> A sleep technologist adjusts pressure to eliminate apneas, hypopneas and snoring.
<input type="checkbox"/> <b>IN-HOME SLEEP STUDY</b> At-home testing is only appropriate for patients who meet the following criteria: <ul style="list-style-type: none"> <li>• No significant cardiac or pulmonary disease and few medical co-morbidities.</li> <li>• Insurance allowing for in-home sleep study</li> <li>• 18 years or older</li> </ul>		<input type="checkbox"/> <b>IN-HOME CPAP TITRATION</b> In-lab attended CPAP titration will be done if home study is not adequate.
<input type="checkbox"/> <b>INSOMNIA CONSULTATION</b> Note: Sleep studies are <b>not</b> indicated for insomnia.	<input type="checkbox"/> <b>SPECIAL INSTRUCTIONS/REQUESTS</b>	

**MD Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**MD Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

<b><u>Santa Cruz</u></b>	<b><u>Watsonville</u></b>	<b><u>Los Gatos</u></b>	<b><u>Sunnyvale</u></b>
1665 Dominican Way #222 Santa Cruz, CA 95065	150 Carnation Dr #4 Freedom, CA 95019	777 Knowles Dr #15 Los Gatos, CA 95032	260 S. Sunnyvale Ave #6 Sunnyvale, CA 94086

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