SLEEP INSIGHTS SLEEP REFERRAL FORM

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Last name	First name	MI
Phone	DOB	Sex: M F

SELECT ONE: consultation *OR* testing

CONSULTATION:
___ *Patient is seen for evaluation, any indicated sleep studies, CPAP titration/equipment, and follow up*

TESTING:
___ Home Sleep Apnea Testing (HSAT) (CPT 95806)
___ PSG (polysomnogram) overnight sleep test (CPT 95810)
___ CPAP titration (CPT 95811)
___ Split-night study

FILL OUT BELOW *only if* REQUESTING TESTING. DO *NOT* FILL OUT IF REQUESTING CONSULT.

EPWORTH SLEEPINESS SCALE

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

0 = never **1** = slight chance **2** = moderate chance **3** = high chance

SITUATION				
Sitting and reading	0	1	2	3
Sitting, inactive, in a public place	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (no alcohol)	0	1	2	3
Watching TV	0	1	2	3
As a passenger in a car for an hour	0	1	2	3
Lying down in the afternoon	0	1	2	3
In a car, stopped in traffic for a few minutes	0	1	2	3

TOTAL SCORE: ___________

MEDICAL HISTORY

Clinical Conditions:

___ Mood disorders
___ Hypertension
___ Atrial fibrillation
___ Stroke / TIA
___ Lung disease
___ Other:
___ Obesity
___ Congestive heart failure
___ Heart attack
___ Diabetes
___ Seizures / epilepsy

Symptoms

___ Loud Snoring
___ Excessive sweating
___ Witnessed apneas
___ Insomnia
___ Palpitations
___ Morning headaches
___ Acid reflux
___ Memory impairment
___ Excessive daytime sleepiness
___ Restless legs syndrome
___ Frequent nocturnal urination (nocturia)
___ Abnormal behaviors during sleep (sleepwalking, etc.)
___ Other:

PLEASE FAX THE FOLLOWING TO (585) 310.7447:

- **Clinical notes**
- **Insurance card**
- **Any previous sleep or HST studies**
- **Demographic sheet**
- **Medication list, including O_2**

Practitioner's signature ______________________________ Date ___________

Practitioner's name (PRINT) ______________________________ NPI # ___________

Practice name ______________________________ **Dental Practice Y N**

Reviewed by Jacob Dominik, MD, Medical Director ______________________________