



REFERRAL FORM

WWW.ISLEEPPROGRAM.COM

Fax # (888) 929-7537

Alt. Fax # (212) 234-3012

Tel # (888) 929-7533

1200 Waters Place
Suite 104
Bronx, NY

147 W.116th St.
New York, NY
10026

775 E. 87th St.
Brooklyn, NY
11236

Patient Information **Please attach clinical notes*

Name: _____

Phone #: _____

Mobile Phone #: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

D.O.B. : _____ Gender: Female Male

Height: _____ Weight: _____

Type of Service Requested

- Sleep Test at the Sleep Lab
 - Nocturnal Polysomnogram (NPSG) 95810
 - Nasal CPAP Titration Study 95811
 - Split Night Study (NPSG/CPAP)
 - Multiple Sleep Latency Test (MSLT) 95805
 - Maintenance of Wakefulness Test (MWT) 95805
 - CPAP Pap Nap Test 95807
- Special Instructions _____
- Ambulatory-Home Sleep Test for evaluation of obstructive sleep apnea (OSA)
- Consultation with a Sleep Specialist
- Consultation with Pulmonologist

Co-Morbidities **Please attach clinical notes*

- Hypertension
- Cardiac Arrhythmia
- Seizures
- Leg Movement
- Congestive Heart Failure
- COPD (Chronic Lung Disease)
- Obesity-Hypoventilation Syndrome
- Diabetes
- Neuromuscular Weakness
- Cognitive Impairment
- Stroke (<6 Months)

Referred for Evaluation of (updated with ICD10 codes)

- Sleep Apnea G47.33
- Hypersomnia with Sleep Apnea G47.30
- Insomnia G47.00
- Restless Legs (RLS/PLMD) G47.81
- Narcolepsy G47.419
- Other _____

Chief Complaints/Clinical Information*

**(most insurance companies require at least two (2) symptoms)*

- Disruptive snoring
- Disturbed or restless sleep
- Non-Restorative Sleep
- Depression
- Excessive daytime sleepiness
- Witnessed Apnea Events during sleep
- Frequent unexpected arousals from sleep
- Gasping during sleep
- Choking during sleep
- Irritability/Moodiness
- Morning Headaches

Insurance Information

Primary Insurance: _____

ID/Cert/Policy #: _____

Primary Care Physician: _____

Primary Physician Contact #: _____

Referring Physician Information

Physician: _____

Specialty: _____

Phone #: _____

Email Address: _____

Signature: _____

NPI #: _____

Fax #: _____

Date: _____