OIMA
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OVERLAKE SLEEP DISORDERS CENTER

AMERICAN ACADEMY OF SLEEP MEDICINE — WAKE — SLEEP
ACCREDITED MEMBER CENTER

AASM Accredited for both In-Lab and Home Sleep Studies

Patient Name _____

Date of Birth ____/____/____

(email) _____

(*home*) _____

(*cellular*) _____

(*work*) _____

If this patient needs an interpreter, what language?

SLEEP MEDICINE REFERRAL

To request a consultation or procedure, please complete this form and fax it to **(425) 289-3240.**

Patients should hear from us within 48 hours of fax receipt. Otherwise, please call us at (425) 289-3000 for more urgent referrals.

PLEASE INITIATE INSURANCE REFERRAL IF NEEDED.

Please mark one of the following: ❑ **URGENT** *(please call)* ❑ Next Available ❑ Other _____

REFERRAL OPTIONS

- ❑ CONSULTATION with Physician *(sleep study & treatment as indicated)*
- ❑ * SLEEP STUDY *without* Initial Consult:
  - ❑ In-lab Sleep Study
  - ❑ Out of Center Sleep Testing/Home Study *(if only concern is for sleep apnea)*

(Please note: A study without an initial consult requires a History & Physical to accompany referral.)

SLEEP CONSULTATION

- ❑ New Patient evaluate Sleep Apnea
- ❑ New Patient evaluate other sleep problem
- ❑ Follow-up (previously seen at OSDC)

Preferred Sleep Specialist:

- ❑ Scott Bonvallet, MD, FCCP
- ❑ Randip Singh, MD
- ❑ Next available

INDICATIONS

- ❑ Apnea evaluation *(mark all that apply)*:
  - ❑ Snoring ❑ Arrhythmia ❑ CVA
  - ❑ Newly diagnosed hypertension
  - ❑ Other: _____
- ❑ Preoperative evaluation/screening
  - ➢ Surgical procedure: _____
  - ➢ Surgery date: _____
- ❑ Other: _____
- ❑ Daytime Sleepiness
- ❑ Insomnia
- ❑ Parasomnia
- ❑ Restless Leg Syndrome and/or Periodic Limb Movement

Additional Comments _____

Referring Physician: _____

Address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

(FOR OIMA USE ONLY)

To the referring physician: **The above patient has been scheduled for a _____**

with Dr. _____ on ____/____/____ at _____ AM / PM.

Please feel free to contact us with any questions at (425) 289-3000.