

Date: \_\_\_\_\_

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_



### Physician Information

Referring Practice: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

### Diagnosis / Symptoms (Please check all that apply.)

- Daytime sleepiness
- Frequent awakening
- Difficulty falling/staying asleep
- Previously diagnosed sleep apnea
- Wake up gasping
- Witnessed pause in breathing
- Snoring
- Other \_\_\_\_\_

(Please check one.)

### SLEEP SERVICES

Our sleep physician will manage patient's care for their sleep health.

- Evaluate & Treat** (includes the following)
  - Pre-consult with our sleep physician
  - Recommended testing based on consult appointment
  - Post-consult to go over results and treatment options
  - CPAP setup if recommended
  - Ongoing management of care
- Comprehensive Sleep Service** (includes the following)
  - Split-Night Sleep Study (Must meet AHI>30 during first 2 hours to qualify for Split-Night Study.)
  - Post-consult to go over testing results and treatment options
  - CPAP setup if recommended
  - Ongoing management of care

### SLEEP STUDIES

NO sleep physician involvement; referring physician will manage patient's care for sleep health.

- Split-Night Sleep Study w/CPAP Setup** (if indicated)  
Must meet AHI>30 during the first 2 hours to meet split-night criteria.
- Diagnostic Sleep Study**
- CPAP Titration Sleep Study w/CPAP Setup**
- Home Study (Apnea Link)**
- Multiple Sleep Latency Test (includes Diagnostic Study)**
- Maintenance of Wakefulness Test**
- PAP-NAPs**  
PAP-NAPs are indicated for patients who are non-compliant, failing or just unable to tolerate CPAP. Patients will benefit from techniques to reduce anxiety and frustration and increase PAP adherence through a short daytime encounter.
- Actigraphy**
- Neurofeedback**

### CPAP & OTHER MEDICAL EQUIPMENT

Referring physician will be responsible to follow patient's care.

- CPAP Setup**  
Pressure \_\_\_\_\_ cmH2O
- Auto-Pap**  
Max Pressure \_\_\_\_\_ cmH2O  
Min Pressure \_\_\_\_\_ cmH2O
- CPAP Mask & Supplies**
- Provent®**  
Small, self-adhering, disposable nasal devices that are clinically proven to help with OSA.

**referral form**

Fax this form to 919.462.8082 along with a copy of:

- Patient Demographics
- Medical History/Medications
- Insurance Card

We will verify insurance eligibility and contact and schedule the patient.

CARY CENTER  
 130 Preston Executive Drive  
 Cary, NC 27513

p 919.462.8081  
 f 919.462.8082  
 parkwaysleep.com