

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
    - Post-consult to go over results and treatment options
    - Additional testing and/or CPAP setup if recommended
    - Ongoing management of care
  - Comprehensive Sleep Service** (includes the following)
    - Split-Night Sleep Study (Must meet AHI>20 during first 2 hours to qualify for Split-Night Study.)
    - Post-consult to go over results and treatment options
    - Additional testing and/or CPAP setup if recommended
    - Ongoing management of care
- \* If insurance denies in lab study, proceed with Home Sleep Test.

## SLEEP STUDIES

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

- Split-Night Sleep Study w/CPAP Setup**  
\* If insurance denies in lab study, proceed with Home Sleep Test.
- Diagnostic Sleep Study**  
\* If insurance denies in lab study, proceed with Home Sleep Test.
- CPAP Titration Sleep Study w/CPAP Setup**
- Home Sleep Test (Apnea Link)**
- Multiple Sleep Latency Test (includes Diagnostic Study)**
- 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.
- Maintenance of Wakefulness Test**
- Sleep Profiler (Insomnia Test)**

## CPAP & OTHER MEDICAL EQUIPMENT

Referring physician will be responsible to follow patient's care

- CPAP Setup**  
Pressure\_\_\_\_\_cmH20
- Auto-PAP**  
Max Pressure\_\_\_\_\_cmH20  
Min Pressure\_\_\_\_\_cmH20
- 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](http://parkwaysleep.com)