The SLEEP CENTER at COOKEVILLE REGIONAL
The Proven Choice

Phone: (931) 783-2753
Fax: (931) 783-2036

Please fill out this form completely and fax along with patient's History & Physical and insurance cards.

SECTION 1 - PATIENT INFORMATION

Name: _____

SSN: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Height: _____ Weight: _____

SECTION 2 – CLINICAL OBSERVATIONS AND PHYSICAL FINDINGS

Presenting Symptoms & Physical Findings *Diagnosis Code:* _____

- ❑ Observed Apnea
- ❑ Awakens gasping for breath
- ❑ Morning Headaches
- ❑ Sleep Walking
- ❑ Frequent Awakenings
- ❑ Loud Snoring
- ❑ Pathological 'Sleep Attacks"
- ❑ Non-Restorative Sleep
- ❑ Creeping/Crawling Legs
- ❑ Leg Restlessness/Jerks
- ❑ Excessive Somnolence
- ❑ Seizures
- ❑ Syncope
- ❑ Impaired Cognition
- ❑ Enlarged Neck Circumference
- ❑ Enlarged Tongue
- ❑ Worn Teeth
- ❑ Enlarged Tonsils
- ❑ Maxillomandibular Abnormalities
- ❑ Crowded Oropharynx
- ❑ Mood Disorders
- ❑ Other: _____

MEDICAL HISTORY

- ❑ CHF
- ❑ COPD
- ❑ OSA
- ❑ Asthma
- ❑ Obesity
- ❑ CVA
- ❑ GERD
- ❑ Diabetes
- ❑ Chronic Pain
- ❑ Neuropathy
- ❑ Depression
- ❑ Anxiety
- ❑ Hypertension
- ❑ Dementia
- ❑ Stroke
- ❑ Mental Retardation
- ❑ Cardiac Arrhythmias
- ❑ Ischemic Heart Disease
- ❑ Fibromyalgia
- ❑ Connective Tissue Disorder

SECTION 3 - STUDY ORDER INFORMATION

- ❑ **Complete Sleep Referral:** *Patient seen by sleep physician with all appropriate testing done and equipment set up, if needed.*
- ❑ Baseline PSG
- ❑ All Night PAP Titration (CPAP/Bilevel PAP)
- ❑ Split Night (PAP initiated if severe to mod. OSA)
- ❑ Auto SV PAP Titration
- ❑ Narcolepsy study *(Baseline PSG with next day MSLT)*
- ❑ MSLT only
- ❑ MWT
- ❑ ETC02 Monitoring
- ❑ Standard EEG
- ❑ Sleep Deprived EEG
- ❑ Ambulatory EEG: 24 or 48 hour (circle choice)
- ❑ EEG w/ Video: 2 4 6 or 8 hours (circle choice)

SECTION 4 – INTERPRETING PHYSICIAN

- ❑ David Henson, Medical Director (Sleep, adult)
- ❑ Vijay Rupan (Sleep, adult)
- ❑ Thuy Ngo (EEG/Sleep, adult)
- ❑ Russell Gibson (Sleep, adult/pediatric)
- ❑ Daniel Donovan (EEG/Sleep, adult/pediatric)
- ❑ Dalia Miller (EEG/Sleep, adult)
- ❑ Doug Kane (Pulmonary, adult)
- ❑ No Preference _____

OFFICE USE ONLY:

Signature: _____ Date: _____

Print Physician Name: _____

Phone #: _____ FAX #: _____