SLEEP STUDY REFERRAL FORM

Sterling Medical Park
DENT Neurologic Institute
200 Sterling Drive
Orchard Park, NY 14127

DENT SLEEP DISORDERS CENTER

DENT Tower – *Open April 2005*
DENT Neurologic Institute
3980 Sheridan Drive
Amherst, NY 14226

Phone: (716) 250 – 7007 Fax: (716) 674 – 4196

GENERAL PATIENT INFORMATION

Date of Request ____/_____/____ DOB ____/_____/_____ Age: _____

Patient Name _____ Gender: Male ☐ Female ☐

Patient SS# _____ Shift Patient Works: 1st ☐ 2nd ☐ 3rd ☐

Address: _____ **PATIENT INSURANCE INFORMATION**

_____ Primary Plan _____ Policy ID# _____

Home Phone #: _____ Work #: _____ Secondary _____ Policy ID# _____

ORDERING PHYSICIAN CONTACT INFORMATION

Referring Physician: _____

Phone Number: _____ Fax: _____

For results, would you prefer: ☐ Call from Doctor ☐ Faxed Report ASAP/Hard Copy

REQUEST FOR STUDY / PATIENT HISTORY

NOTE: The following medical information is necessary prior to initiating this sleep study. Please complete and fax to the Sleep Disorders Center at 716-674-4196. *Thank you.*

Would you prefer a sleep consult prior to sleep study? ☐ YES ☐ NO

SLEEP CENTER TESTING: ☐ Polysomnogram ☐ Split Night (PSG/CPAP) ☐ CPAP Titration ☐ PSG/Multiple Sleep Latency Test

Additional Monitoring: ☐ Full EEG Monitoring ☐ Additional Limb Monitoring ☐ Video

Symptoms: ☐ Sleepiness ☐ Insomnia ☐ Snoring ☐ Witnessed Apnea ☐ Abnormal Behaviors ☐ Headaches ☐ Other _____

PMH: ☐ HTN ☐ CVA ☐ Heart Disease ☐ Peripheral Neuropathy ☐ Diabetes ☐ COPD ☐ Back Injury ☐ Headaches ☐ Other _____

Current Medications: _____

Allergies: _____

Special Needs: _____

Is the patient on O^2? ☐ Yes ☐ No If yes, start study with __ or without __O^2?

Can CPAP/BiPAP therapy be initiated on an emergency basis? ☐ Yes ☐ No

Patient's Preferred Study Location: ☐ First Available ☐ Orchard Park, NY ☐ Amherst, NY – *Open April 2005*

SLEEP STUDY INFORMATION

To Be Completed by DENT Sleep Disorders Center

Test Date: _____/_____/_____ Test Time: _____:_____ AM/PM Initials: _____

Information Packet Mailed: ☐ Yes **Date Mailed: ____/____/____**

DENT Sleep Disorders Center is Accredited by the American Academy of Sleep Medicine (AASM)