Stanford HEALTH CARE
STANFORD MEDICINE

SLEEP REFERRAL REQUEST FORM

Thank you for choosing Stanford Hospital and Clinics. We look forward to partnering with you in your patient's care.

Date _____

# of pages faxed_____

Stanford Referral Center
Phone: (877) 254-3762
Fax: (650) 320-9443

Referring Provider Information:

Referred by (MD): _____ Medical Group:_____

Phone: _____-_____-_____ Fax:_____-_____-_____

Address: _____City: _____Zip_____

This form completed By: _____ Phone: ____-_____-_____

Patient Information *(Please provide copy of patient demographics/face sheet)*:

Last Name:_____ First Name:_____MI:_____

DOB:_____ Gender: Male/Female Phone: _____-_____-_____ Ht:___ Wt:___

Patient's Address:_____

City/State/Zip:_____ Needs Interpreter? Y / N Language:_____

Needs Assistance? ❑ Age ≤ 5 ❑ ADLs ❑ Wheelchair ❑ Weight ≥ 400 lbs ☐ Other: _____

Reason for Referral:

Diagnosis/ICD10 _____ Physician Requested: _____

OR

Type of Consult:

- ❑ Clinic Consultation (MD) *(may include PSG as indicated)*
- ❑ Behavioral Sleep Medicine/ Insomnia Therapy

Type of Sleep Study Requested:

- ❑ Sleep study only-without consult **(clinic notes reqd)**
- ❑ Diagnostic PSG
- ❑ C-PAP* titration
- ❑ Bi-level* titration

***Indicate Starting Pressure(s)**:_____

❑ EtCO2 ❑ TcCO2 ❑ extra limb EMG leads ❑ PES

NOTE: Clinical evaluation first by the Stanford Sleep Center is **required** for Multiple Sleep Latency Test, Maintenance of Wakefulness Test, and seizure montage ; it is strongly recommended for advanced bi-level modalities (e.g., Auto SV, Adapt SV, AVAPS, ST and PC modes, etc.). **Medicare patients:** A consult by a Board Certified Sleep Medicine Physician before a sleep study is required by Medicare regulations.

Indicate further clinical information and/or titration instructions here:

Documentation Required *(please fax with this form):*

- ❖ **Recent/relevant typed clinical notes/test results**, i.e. History & Physical, MRI/CT/X-ray interpretations
- ❖ Proof of Insurance
- ❖ Authorization number (if required—usually required for a sleep study but not for "original" Medicare patients)

Rev. 02/17/16 JA