

Erlanger North Sleep Disorders Center

628 Morrison Springs Road, Suite 300, Annex

Chattanooga, TN

Phone (423) 778-3316

Fax (423) 778-3485

Erlanger North Sleep Disorders Center Referral Form

Please include the following for review:

- | | | |
|--|--|---|
| <input type="checkbox"/> Demographics | <input type="checkbox"/> Office Notes (MUST BE RELATED TO DX) | <input type="checkbox"/> Nocturnal Oximetry results (if done) |
| <input type="checkbox"/> Insurance Cards | <input type="checkbox"/> Medication List | |

If ALL items are NOT included, this will delay processing request or cause referral to be denied

Date: _____

Patient Name: _____ **DOB:** _____

Patient Phone: _____

Referring/Ordering Provider: _____ **Phone:** _____

Diagnosis: _____

Juan Cuebas, M.D.
(Sleep Medicine & General Neurology)

Ben McClellan, NP
(Sleep Medicine & General Neurology)

SLEEP CONSULTATION / MANAGEMENT

- Sleep Consultation and Management:**
Sleep Specialist to manage testing, treatment, and follow-up

SLEEP TESTING: Select option(s) below

- Diagnostic full-night polysomnogram followed by CPAP titration, if warranted.**
- CPAP re-titration** (Patient must have documented diagnosis of OSA by Polysomnogram or Home Sleep Test; if no prior diagnostic testing, consider repeat PSG, HST, split-night, or sleep consult)
- Home Sleep Test followed by CPAP titration, if warranted.**

***** Note: If needed, please prescribe sleep aid prior to study and instruct patient to bring to sleep lab.**

STOP-BANG assessment tool for sleep apnea (Indications for Sleep Apnea Testing) – Please check all that apply.

- Snoring, loud
- Tiredness / fatigue / daytime sleepiness
- Observed apnea
- Pressure: Hypertension

- Body mass index (BMI) greater than 35
- Age older than 50
- Neck circumference greater than 16 inches (if female) or 17 inches (if male)
- Gender = male

***** Other conditions that may warrant sleep consultation: sensitive occupation, chronic opioid use, atrial fibrillation (or other dysrhythmia), cardiovascular disease, neurological disease, restricted airway, metabolic syndrome, type 2 diabetes, chronic lung disease.**

SPECIAL NEEDS

- Falls risk: _____
- Language barrier: _____
- Other: _____

URGENCY for CONSULT / TESTING

- Not urgent
- Urgent due to (Please circle):
- Driving risk / Severe hypoxemia / Job sensitive