

Diagnostic Sleep & Respiratory Center  
282 E. 4th St.  
Benson, AZ 85602  
Office: 520-586-4729 | Mobile 520-371-2079

**REFERRAL FORM**

Please **FAX** in addition to the patient's history & physical any office notes and copies of their insurance card (s) to 520-423-3977

**Patient Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
Home Phone \_\_\_\_\_ Age \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_  
Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Provider Directives**

PT Neck Size \_\_\_\_\_ BMI \_\_\_\_\_  
Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Patient Symptom (s) Presentation:

- |   |   |
|---|---|
| <input type="checkbox"/> Excessive Daytime Sleepiness           | <input type="checkbox"/> COPD/Pulmonary Problems  |
| <input type="checkbox"/> Observed Apneas<br>Neurologic disorder | <input type="checkbox"/> Movements of Body/Limb that are<br>excessive or prevent sleep. |
| <input type="checkbox"/> Loud Snoring                           | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Cardiovascular Disease                 | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Others Please Note* _____              | <input type="checkbox"/> Hypertension   |

**Provider Order**

- Baseline Polysomnography PSG (Without CPAP initiation)
- Split Night Polysomnography screen (With CPAP initiation)
- CPAP Titration (for patients whom have previous sleep studies)
- BIPAP Titration (what are your concerns)
- Multiple Sleep Latency Test (Following our full overnight study) Narcolepsy Screen
- Polysomnography Screen for Parasomnias, Seizures or REM Behavior Disorders
- Oximetry with Exercise and at Rest      On Room Air      On O2@\_\_\_\_\_ lpm
- Nocturnal Oximetry Study                      On Room Air      On O2@\_\_\_\_\_ lpm

Comments or Concerns \_\_\_\_\_

Print Provider Name \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_