

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 _____

Stanford Referral Center

Phone: (877) 254-3762

of pages faxed _____

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)