



Appointments: 877-411-DOZE
Fax: 877-511-DOZE
www.SleepHeart.com

Referral Form

Patient Name _____ DOB _____
Phone: Cell _____ Home _____

MEDICAL HISTORY Check all that apply.

Symptoms

- Pre-Operative Screening
Overweight
Insomnia
Nocturia
Sleepiness / Fatigue
Concentration / Memory
Headaches
TMJ or Teeth Grinding
Motor Vehicle Accidents

Medical Problems

- Depression
Anxiety
ADD / ADHD
Hypertension
Diabetes
Arrhythmia (e.g. A.Fib)
CAD, MI, or CHF
Stroke
Fibromyalgia

Suspected Disorders

- Obstructive Sleep Apnea
Narcolepsy
RLS (Restless Leg Syndrome)
PLMS (Periodic Limb Movements of Sleep)
Parasomnia (e.g. sleep walking)
Seizure Disorder
Other: _____

REFERRAL FOR

- Sleep Specialist Clinic to evaluate and manage adults or children with sleep disorders...
Insomnia CBT Clinic to help patients learn to sleep well without medications.
CPAP Therapist Clinic to help patients become comfortable with using CPAP.

Sleep Laboratory to diagnose children or adults with sleep disorders. All sensors required by the American Academy of Sleep Medicine are used during studies in addition to capnography and other specialized sensors when requested.

- Diagnostic PSG only
Diagnostic PSG followed by MSLT
PAP titration
Diagnostic PSG to assess sleep quality on current PAP settings

additional comments: _____

Please feel free to call to discuss specific needs or concerns.

REFERRING / ORDERING PROVIDER

Printed Name: _____ Phone: _____
Signature: _____ Date: _____

Please fax to 877-511-3693 and the patient will be contacted to schedule an appointment.
Please call 877-411-3693 to directly schedule an appointment.

Reston: Reston Hospital Center, Pavilion Suite 303, 1850 Town Center Parkway, Reston, VA 20190
Rockville: Shady Grove Medical Center, 9707 Medical Center Dr, Suite 200, Rockville, MD 20850
Frederick: 75-A Thomas Johnson Dr, Frederick, MD 21702