

New Patient Referral

Fax to: Lutz at 813-949-2212 or Wesley Chapel at 813-994-2965

Patient Information: Please include all of the following information so we may better serve you and your patient. You do not need to fill out this section if you include a patient demographic and insurance face sheet with your fax.

Last Name: _____ First Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Insurance: _____ SSN: _____

Referring Physician: _____

Patient Symptoms (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Suspect Narcolepsy |
| <input type="checkbox"/> Restless Legs | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Early Morning Awakening |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Unrefreshing Sleep |
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Other: _____ |

Significant Medical History (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Enlarged Tongue and/or Tonsils | <input type="checkbox"/> Crowded Oropharynx |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Headaches, especially upon awakening | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arrhythmias | <input type="checkbox"/> CVA/TIA |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Erectile Dysfunction | <input type="checkbox"/> GERD |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

If you are a Primary Care Physician and your patient carries an HMO policy, please **generate a referral for a consultation, two sleep studies (95810 & 95811) and a follow up visit**. Please fax the referral and this form to the appropriate number and our staff will contact the patient to schedule his/her appointment.

Thank you very much for the referral. We look forward to participating in the care of your patient.