

NPI: 1326015777

**Main Campus - Clinic & Testing**

1400 Jackson St.  
Denver, CO 80206

**Highlands Ranch - Clinic Only**

8671 S. Quebec St., Ste. 120  
Highlands Ranch, CO 80130

**PATIENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender  M  F  
 DOB \_\_\_\_\_ SSN \_\_\_\_\_ Marital Status  S  M  D  W  
 Street Address \_\_\_\_\_ Apt/PO \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**PRIMARY INSURANCE**

Company \_\_\_\_\_ ID# \_\_\_\_\_ Group \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Subscriber \_\_\_\_\_ Guarantor \_\_\_\_\_ DOB \_\_\_\_\_  
 Employer \_\_\_\_\_

**THIS PATIENT IS BEING REFERRED FOR: (Please check all that apply.)**

- Sleep Consultation      Sleep Specialist Consultation for evaluation, diagnostic testing and treatment.
- Sleep Study *Baseline only, Baseline with PAP, PAP Titration, or HST (Home Sleep Testing)*
- Multiple Sleep Latency Test following Overnight Sleep Study
- Maintenance of Wakefulness Test
- Insomnia Consultation (See below.)

*All testing will adhere to American Academy of Sleep Medicine Practice Parameters. For medical documentation and to satisfy insurance guidelines for reimbursement, adequate baseline data and sleep time will be collected before attempting treatment intervention. Split-night studies will be performed whenever appropriate.*

**SUSPECTED DISORDERS AND RELEVANT MEDICAL HISTORY: (Check all that apply and include clinic notes.)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Obstructive Sleep Apnea        | <input type="checkbox"/> Central Sleep Apnea | <input type="checkbox"/> Daytime Fatigue           |
| <input type="checkbox"/> Insomnia                       | <input type="checkbox"/> Cardiac Conditions  | <input type="checkbox"/> Snoring                   |
| <input type="checkbox"/> Narcolepsy                     | <input type="checkbox"/> Neurologic Disorder | Prior Sleep Study:                                 |
| <input type="checkbox"/> Periodic Limb Movements (PLMs) | <input type="checkbox"/> COPD                | <input type="checkbox"/> in lab PSG    Date _____  |
| <input type="checkbox"/> Parasomnias/Nocturnal Seizures | <input type="checkbox"/> Morning Headache    | <input type="checkbox"/> HST            Date _____ |

If referring for insomnia: Does the patient have any comorbid psychiatric conditions?  Yes  No

Does the patient have sleep apnea or other sleep related breathing disorder?  Yes  No

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
(Print Name) (Reports will be sent here)

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ NPI# \_\_\_\_\_

**Complete Epworth scale on back side of page. Fax both sides of sheet to 303-270-2109.**  
**INCLUDE DOCUMENTATION OF FACE TO FACE VISIT STATING THE REASON FOR A SLEEP STUDY.**  
**Please provide medication list.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

How Likely are you to doze off or fall asleep in the following situations?

This refers to the usual way of life in recent times.

If you have not done some of these things recently, estimate how you might have reacted.

0-would never doze

1-slight chance of dozing

2-moderate chance of dozing

3-high chance of dozing

### Chance of Dozing Score

\_\_\_\_\_ Sitting and Reading

\_\_\_\_\_ Watching TV

\_\_\_\_\_ Sitting, inactive in a public place (e.g. a theatre or a meeting)

\_\_\_\_\_ As a passenger in a car for an hour without a break

\_\_\_\_\_ Lying down to rest in the afternoon when circumstances permit

\_\_\_\_\_ Sitting and talking to someone

\_\_\_\_\_ Sitting quietly after a lunch without alcohol

\_\_\_\_\_ In a car while stopped for a few minutes in traffic

\_\_\_\_\_ **Total**

Reference: Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep. 1991 Dec; 14(6):540-5.

**Complete Epworth Scale above. Fax both sides of sheet to 303.270.2109**