

# CHICAGO SLEEP CENTER

Telephone: (773) 262-4110 Fax: (773) 784-0701

PLEASE FAX THIS FORM ALONG WITH THE PATIENT'S INSURANCE CARDS, MEDICATIONS, & CLINIC NOTES TO (773) 784-0701. \*HMO INSURANCE MAY REQUIRE A REFERRAL FROM PRIMARY CARE.

<input type="checkbox"/> <b>SLEEP STUDY &amp; SLEEP SPECIALIST CONSULTATION</b>	
<input type="checkbox"/> <b>SLEEP SPECIALIST CONSULTATION</b>	<input type="checkbox"/> <b>SLEEP STUDY ONLY</b>
<input type="checkbox"/> <b>CONSULTATION WITH DENTAL SLEEP EXPERT (Oral Appliance Therapy)</b>	
<input type="checkbox"/> <b>CPAP MANAGEMENT</b>	

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Preferred #:  Home  Work  Cell  
 Insurance: (Primary) \_\_\_\_\_ Group #: \_\_\_\_\_ Member ID: \_\_\_\_\_  
 (Secondary) \_\_\_\_\_ Group #: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Study Ordered**

<input type="checkbox"/> PSG Study (Diagnostic) <input type="checkbox"/> CPAP Titration <input type="checkbox"/> Bi-level Titration <input type="checkbox"/> Oral Appliance Titration—Provide Instructions <input type="checkbox"/> PSG Study with second night CPAP Titration	<input type="checkbox"/> ASV Titration <input type="checkbox"/> MSLT (Requires previous night PSG) <input type="checkbox"/> MWT <input type="checkbox"/> Pediatric Sleep Study (0-18 years old)	<input type="checkbox"/> PSG with full EEG <input type="checkbox"/> Split-Night Study with CPAP <input type="checkbox"/> Split-Night Study with Bi-PAP <input type="checkbox"/> Post-Surgical Sleep Study <input type="checkbox"/> HST (Unattended)
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**Medical Necessity for Sleep Study—Adult**

<input type="checkbox"/> Epworth Sleepiness Scale: _____ <input type="checkbox"/> Limb Movements During Sleep <input type="checkbox"/> Observed Apnea <input type="checkbox"/> Daytime Somnolence <input type="checkbox"/> Severe Snoring	<input type="checkbox"/> Suspected RBD <input type="checkbox"/> History of Sleep Apnea <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Insomnia <input type="checkbox"/> Loss of Sex Drive	<input type="checkbox"/> Morning Headaches <input type="checkbox"/> BMI _____ <input type="checkbox"/> PCO <input type="checkbox"/> Choking, Gasping <input type="checkbox"/> Obesity Hypo Ventilation Syndrome <input type="checkbox"/> Post Treatment Follow-up
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**Medical Necessity for Sleep Study—Pediatric**

<input type="checkbox"/> Frequent Snoring <input type="checkbox"/> Restless Sleep <input type="checkbox"/> Night Terrors	<input type="checkbox"/> Sleep Walking <input type="checkbox"/> Frequent Nocturnal Awakenings <input type="checkbox"/> Hypertrophic Tonsils	<input type="checkbox"/> Daytime Hyperactivity or Inattentiveness <input type="checkbox"/> Teeth Grinding <input type="checkbox"/> History of Narcolepsy
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**Co-Morbid Conditions**

<input type="checkbox"/> Hypertension <input type="checkbox"/> Heart Disease <input type="checkbox"/> COPD	<input type="checkbox"/> CHF <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> History of Stroke	<input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Other: (please specify)
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Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Interpreting Physician: \_\_\_\_\_  
 Referring Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Locations

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|---|--|---|---|
| <input type="checkbox"/> Chicago Sleep Center Skokie, IL    | <input type="checkbox"/> Chicago Sleep Center Chicago, IL        | <input type="checkbox"/> Crowne Plaza Chicago Metro Chicago, IL | <input type="checkbox"/> Advocate IMMC Chicago, IL        |
| <input type="checkbox"/> Presence St. Elizabeth Chicago, IL | <input type="checkbox"/> Crowne Plaza Chicago O'Hare Chicago, IL | <input type="checkbox"/> Hilton Garden Inn Addison, IL          | <input type="checkbox"/> Holiday Inn Express Palatine, IL |
|   | <input type="checkbox"/> Double Tree by Hilton Mundelein, IL     | <input type="checkbox"/> Crowne Plaza Glen Ellyn Glen Ellyn, IL |   |