

# CHICAGO SLEEP CENTER

Telephone: (773) 262-4110 Fax: (773) 784-0701 www.chicagosleepcenter.com

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

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

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

Medical Necessity for Sleep Study—PEDIATRIC		
<input type="checkbox"/> Frequent Snoring	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Daytime Hyperactivity or Inattentiveness
<input type="checkbox"/> Restless Sleep	<input type="checkbox"/> Frequent Nocturnal Awakenings	<input type="checkbox"/> Teeth Grinding
<input type="checkbox"/> Night Terrors	<input type="checkbox"/> Hypertrophic Tonsils	<input type="checkbox"/> History of Narcolepsy

Co-Morbid Conditions		
<input type="checkbox"/> Hypertension	<input type="checkbox"/> CHF	<input type="checkbox"/> Morbid Obesity
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Other: (please specify)
<input type="checkbox"/> COPD	<input type="checkbox"/> History of Stroke	

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Interpreting Physician: \_\_\_\_\_  
 Referring Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOCATIONS**

- Chicago Sleep Center  
8930 Gross Point Road, Suite 700 Skokie, IL 60077
- Ascension Saints Mary and Elizabeth Medical Center  
1431 N. Claremont Avenue Chicago, IL 60622

- Chicago Sleep Center  
2522 W. Peterson Avenue Chicago, IL 60659
- Thorek Memorial Hospital -Sleep Health Center  
850 W. Irving Park Road, Suite 205