Sleep Life Med
5300 Katella Ave, Los Alamitos, CA 90720

Phone: (808) 500-7077 I Fax: (808) 460-3840
hello@sleeplifemed.com | www.sleeplifemed.com

direct line (808) 500-7077, option 3 fax to (808) 460-3840

CALIFORNIA PRACTICIONER REFERRAL FORM

please include a prior sleep study if available and relevant clinical notes

DATE:

PATIENT NAME:

BIRTHDATE:

GENDER:

PHONE & EMAIL:

LANGUAGE SPOKEN:

INSURANCE CARRIER:

ID #:

SUBSCRIBER:

Referral Information:

_____ Adult referral

_____ Integrative sleep medicine consultation (evaluation, diagnosis, testing and management)

_____ Inspire Evaluation

_____ Insomnia Therapy (only non-pharmacologic treatment provided)

_____ Urgent request (within 2 weeks)

_____ High risk occupation (etc. bus driver, pilot)

Diagnosis or symptoms:

_____ Suspect obstructive sleep apnea (OSA)

_____ Known OSA (include sleep study report)

_____ Cardiac Hx (HTN, afib, CHF etc.)

_____ Narcolepsy

_____ Insomnia

_____ Parasomnias (abnormal movements when asleep)

_____ Other:
_____

REFERRING PRACTICIONER INFORMATION

_____
Referring Practitioner's Address, City, State, Zip

_____
Primary Care Physician (if not referring practitioner)

_____
Referring Practitioner's Phone

_____
Referring Practitioner's Fax

_____
Referring Practitioner's Business Email

_____
Referring Practitioner's Signature

_____
Referring Practitioner's Printed Name

_____
Date