ChicagoSleepHealth

www.ChicagoSleepHealth.com

405 N. Wabash Avenue, Unit 4403, Chicago, IL 60611 • Phone 312.955.8787 • Fax 312.955.8789

PATIENT INFORMATION

Name: **Date of Birth:**

Address:

Phone:

Primary Insurance: **Member ID:**

Group Number:

Secondary Insurance: **Member ID:**

Group Number:

REASON FOR SLEEP REFERRAL

- ☐ Sleep Apnea (never diagnosed)
- ☐ Sleep Apnea (previously diagnosed, needs follow up)
- ☐ Restless Leg Syndrome / Periodic Limb Movement Disorder
- ☐ Hypersomnia / Narcolepsy
- ☐ Insomnia
- ☐ Circadian Rhythm Disorder (shift work, delayed sleep phase, advanced sleep phase)

COMMENTS:

SIGNIFICANT MEDICAL HISTORY

- ☐ HTN
- ☐ DM
- ☐ Cardiac disease
- ☐ Lung disease
- ☐ Parkinson's disease
- ☐ Seizures
- ☐ Multiple Sclerosis
- ☐ Headaches
- ☐ Overweight/obese
- ☐ Crowded airway
- ☐ Positive family history

COMMENTS:

PROVIDER INFORMATION

Provider Name:

Address:

Phone: **Fax:**

Signature:

Fax referral form and last clinical note to (312) 955-8789