



## Southeast Regional Sleep Disorders Center

*Sleep Specialist*

357 Woodruff Road, Greenville, SC 29607 (864)627-5337 (800)290-1349 Fax: (864)627-9301

### Physician Request for Sleep Evaluation

Patient Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip Code

Insurance: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Work/Cell phone

#### Clinical Indications

- ☐ Loud snoring
- ☐ Excessive somnolence
- ☐ Observed apneas
- ☐ Nods off while driving
- ☐ Gasping episodes night
- ☐ Non-restorative sleep
- ☐ Hypertension
- ☐ Loss of energy
- ☐ Overweight/obese
- ☐ Morning headaches
- ☐ Dry mouth/sore throat
- ☐ Pulmonary hypertension
- ☐ Trouble concentrating
- ☐ Night sweats
- ☐ Nocturia
- ☐ Nocturnal reflux
- ☐ Other:

#### Preliminary Diagnosis

- ☐ 307.49 Insomnia
- ☐ 347.00 Narcolepsy, without cataplexy
- ☐ 347.00 Narcolepsy, with cataplexy
- ☐ 780.51 Insomnia with sleep apnea
- ☐ 780.53 Hypersomnia with sleep apnea
- ☐ 780.54 Hypersomnia, unspecified
- ☐ 780.57 Unspecified sleep apnea
- ☐ 333.94 Restless leg syndrome
- ☐ 327.51 Periodic leg movement

#### Risk Factors

- ☐ Hypertension
- ☐ Atrial fibrillation
- ☐ CHF
- ☐ Obesity
- ☐ Depression
- ☐ Neurological disease

#### Check Appropriate Request(s):

- ☐ Consultation with Sleep Physician  
Physician: ☐ Freddie E. Wilson, MD ☐ Mary Sokhandan, MD ☐ No Preference

- ☐ Sleep study followed by a Sleep Physician evaluation (please forward history and physical)

#### Check Appropriate Procedure:

- ☐ Polysomnogram (routine Sleep Study)  
☐ CPAP Titration  
☐ Split Night \* (½ night Polysomnogram- ½ night CPAP Titration)

*\*Medicare, Medicaid, and BCBS do not cover a Split Night Study, 2 separate nights are required.*

Referring Physician \_\_\_\_\_  
Please print name Physician signature

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location: ☐ Greenville ☐ Easley ☐ Anderson ☐ Laurens ☐ Traveler's Rest