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www.OregonSleepAssociates.com ~ www.OSABlog.com

Physician Direct Referral Form

Oregon Sleep Associates strongly encourages all directly-referred patients to have a consultation with one of our sleep specialists prior to scheduling a sleep study.
If the referring provider requests "Sleep Study Only", we require a copy of the patient's H&P, chart notes, and insurance card with this order form.

PATIENT DEMOGRAPHICS

Patient Name: _____ DOB: _____

Address: _____

Home Phone: _____ Alt #: _____

Insurance Co. _____ ID#: _____ Group #: _____

INDICATIONS FOR CONSULTATION AND EVALUATION

- Snoring
- Daytime Sleepiness
- Observed Apneas
- Frequent Awakenings
- Insomnia
- Leg/Limb Movements
- Headaches
- Hypertension
- Morbid Obesity
- Bariatric Surgery
- Nocturnal Reflux
- Other: _____

REQUESTED SERVICE

- Consultation with Sleep Study
- Home Sleep Test
- Consultation for Insomnia Behavioral Treatment Only
- CPAP/ Mask Equipment Services Only
- Sleep Study Only
(No Consultation or Follow-up)

SPECIAL INSTRUCTIONS OR INFORMATION

REFERRING PHYSICIAN'S INFORMATION

Name: _____ Contact: _____

Address: _____

Office Phone: _____ Fax: _____

Physician's Signature: _____ Date: _____