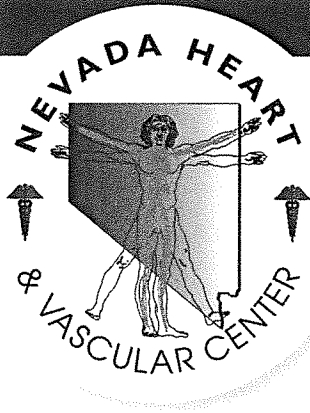


SLEEP CENTER REFERRAL FORM



STATUS: STAT URGENT (within 48 business hrs) STANDARD

CIRCLE ONE **DATE:** _____

Dr. Chowdhury Ahsan	Dr. Cres Miranda Jr.	Dr. Arjun Gururaj	Dr. Fareed Sheikh
Dr. Jose Aquino	Dr. William Resh	Dr. Sunil Kalla	Dr. Alan Steljes
Dr. Robert Berkley	Dr. C. Allen Rhodes	Dr. Shahabuddin Khan	Dr. Nicholas Tselikis
Dr. Peter Bourell	Dr. Stephen Savran	Dr. John Lee	Dr. Branavan Umakanthan
Dr. John Bowers Jr.	Dr. Deepak Sharma	Dr. Sanjay Malhotra	Dr. Rafael Valencia
Dr. Raj Chanderraj	Dr. Richard Shehane	Dr. Arturo Marchand Jr.	Dr. Robert Wesley Jr.
	Dr. Jimmy Diep		

First Name	Last Name	DOB	Age	Home Phone
Cell Phone	SS#	Insurance	Auth	

Answer the following questions to find out if you are at risk for obstructive sleep apnea.

- S (SNORING)** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? YES NO
- T (TIRED)** Do you often feel tired, fatigued, or sleepy during the daytime? YES NO
- O (OBSERVED)** Has anyone observed you stop breathing in your sleep? YES NO
- P (BLOOD PRESSURE)** Do you have or are you being treated for high blood pressure? YES NO

- B (BMI)** BMI more than 35kg/m²? YES NO
For imperial conversion use lb/in² 705'
- A (AGE)** Age over 50 years old? YES NO
'Stensland SH and Magolis S. J Am Diet Assoc 1990, 90(6): 856
- N (NECK CIRCUMFERENCE)** Neck circumference greater than 40cm (16in) YES NO
- G (GENDER)** Gender Male YES NO

HIGH RISK OF OSA: ANSWERING YES TO THREE OR MORE ITEMS
LOW RISK OF OSA: ANSWERING YES TO LESS THAN THREE ITEMS

(Anybody at high risk and those with low risk in the presence of compelling clinical suspicion of a sleep disorder should be evaluated to a potential sleep disorder.)

NO INDICATION FOR REFERRAL TO SLEEP CENTER REFERRAL TO SLEEP CENTER INDICATED

2839 St. Rose Parkway, Suite 160 Henderson, Nevada 89052

Adapted from Chung F et al. Anesthesiology 2009; 108(5):812-21.