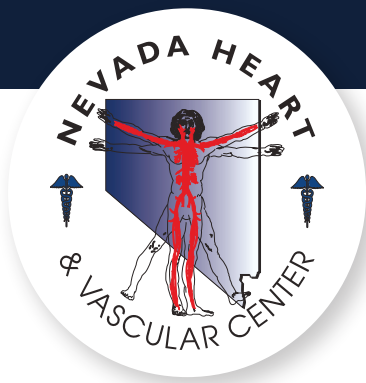


# SLEEP CENTER REFERRAL FORM



**STATUS:**     STAT     URGENT (within 48 business hrs)     STANDARD

**CIRCLE ONE**    **DATE:** \_\_\_\_\_    **PHONE: (702) 333-7270 FAX: (702) 492-1978**

**OUR DOCTORS**

- |                       |                      |                         |                     |                         |
|-----------------------|----------------------|-------------------------|---------------------|-------------------------|
| Dr. Chowdhury Ahsan   | Dr. Jimmy Diep       | Dr. Shahabuddin Khan    | Dr. Ali Namazi      | Dr. Richard Shehane     |
| Dr. Jose Aquino       | Dr. Walter Ehman     | Dr. John Lee            | Dr. Swetal Patel    | Dr. Fareed A. Sheikh    |
| Dr. Robert Berkley    | Dr. Arjun Gururaj    | Dr. Sanjay Malhotra     | Dr. William Resh    | Dr. Alan Steljes        |
| Dr. Claudio Bonometti | Dr. Dalia F. Hawwass | Dr. Arturo Marchand Jr. | Dr. C. Allen Rhodes | Dr. Nicholas Tselikis   |
| Dr. John Bowers Jr.   | Dr. Mohammad Jaradat | Dr. Cres Miranda Jr.    | Dr. Kenneth J. Shah | Dr. Branavan Umakanthan |
| Dr. Giovanni Ciuffo   | Dr. Sunil Kalla      | Dr. James Mock          | Dr. Deepak Sharma   | Dr. Rafael Valencia     |

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?)	<input type="checkbox"/> YES <input type="checkbox"/> NO
T (TIRED)	Do you often feel tired, fatigued, or sleepy during the daytime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
O (OBSERVED)	Has anyone observed you stop breathing in your sleep?	<input type="checkbox"/> YES <input type="checkbox"/> NO
P (BLOOD PRESSURE)	Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> YES <input type="checkbox"/> NO

B (BMI)	BMI more than 35kg/m <sup>2</sup> ? <small>*For imperial conversion use lb/in<sup>2</sup>*705<sup>1</sup> <sup>1</sup>Stensland SH and Magolis S. J Am Diet Assoc 1990, 90(6): 856</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
A (AGE)	Age over 50 years old?	<input type="checkbox"/> YES <input type="checkbox"/> NO
N (NECK CIRCUMFERENCE)	Neck circumference greater than 40cm (16in)	<input type="checkbox"/> YES <input type="checkbox"/> NO
G (GENDER)	Gender Male	<input type="checkbox"/> YES <input type="checkbox"/> 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**  
**7455 W. Washington Ave, Suite 420 Las Vegas, Nevada 89128**

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