THE SLEEP CLINIC

10110 Molecular Drive, STE 209, Rockville, MD 20850
P: 301-291-5671 | F: 301-517-9399

Patient Name _____ DOB: _____

Phone Number: _____ Email: _____

Patient's Insurance (Check One):

- ☐ Aetna (commercial)
- ☐ CareFirst BlueCross BlueShield Commercial Plan
- ☐ CareFirst BlueChoice
- ☐ CareFirst Federal Employees Plan
- ☐ Johns Hopkins Employer Health Programs (EHP)
- ☐ Johns Hopkins Health Advantage
- ☐ Johns Hopkins Priority Partners
- ☐ Johns Hopkins US Family Health Plan
- ☐ Maryland Physicians Care
- ☐ Medicaid (Maryland)
- ☐ Medicare (Maryland)
- ☐ United Healthcare (commercial plan)
- ☐ United Healthcare Community Plan
- ☐ Wellpoint/Amerigroup

REASON FOR REFERRAL:

- ☐ Excessive daytime sleepiness
- ☐ Snoring
- ☐ Witnessed apneas
- ☐ Gasping/choking in sleep
- ☐ Frequent awakenings
- ☐ Morning headaches
- ☐ Nocturia
- ☐ Insomnia
- ☐ Diabetes
- ☐ RLS/PLMD
- ☐ Narcolepsy
- ☐ Unrefreshing sleep
- ☐ Tired/fatigued
- ☐ Bruxism
- ☐ Bariatric surgery
- ☐ Inspire Eval
- ☐ Prior history of OSA
- ☐ Depression/Anxiety
- ☐ CHF
- ☐ HTN
- ☐ Cardiac arrhythmias
- ☐ CAD
- ☐ Stroke
- ☐ Obesity
- ☐ Seizures
- ☐ Hx of airway surgery (ie. T&A)
- ☐ Cognitive impairment

SERVICES BEING REQUESTED:

- ☐ **Sleep Medicine Consult with Sleep Specialist**
- ☐ Polysomnogram
- ☐ CPAP/BPAP Titration
- ☐ ASV Titration
- ☐ Split-Night Study
- ☐ Oral Appliance Follow-up Study
- ☐ MWT
- ☐ MSLT
- ☐ Home Sleep Study

If ordering a sleep study:
Please fax or email the following:

- ☐ Clinical Notes
- ☐ Proof of Insurance
- ☐ Proof of Identification

Fax: **301-517-9399**
Email:
hello@thesleepclinicmd.com

REFERRING PROVIDER: _____

PHONE: _____

FAX: _____