



THE SPINE HOSPITAL
OF
LOUISIANA
at The NeuroMedical Center

The Spine Hospital of Louisiana Sleep Center
REFERRAL FOR SLEEP STUDY
FAX TO ADMISSIONS AT (225) 906-4840

PERSONAL INFORMATION

Name: _____ Home Phone: _____
 Birth Date: _____ Social Security # _____ Work Phone: _____
 Age: _____ Height: _____ Weight: _____ BMI: _____ Gender: M / F
 Sleeping Hours: From _____ am/pm To: _____ am/pm
 Occupation: _____
 Requesting Physician: _____ Phone: _____ Fax: _____

HISTORY AND PHYSICAL INFORMATION

TO BE FILLED OUT BY PHYSICIAN

History of Sleep Problem (Check All That Apply)

- Excessive Daytime Sleepiness
- Sleep Paralysis
- Claustrophobia
- Sleepwalking
- Morning Headaches
- Snoring
- Shift Work
- Nocturnal Choking/Gasping

- Witnessed Apneas
- Insomnia
- Frequent Awakenings
- Bruxism
- Cataplexy
- Nocturia
- Nocturnal Restlessness
- Other: _____

Medical Conditions

- Cardiac Arrhythmias
- CHF
- ALS
- Stroke/Weakness
- Seizures

- GERD
- Diabetes
- Asthma/COPD
- Chronic Pain
- Fibromyalgia

- HTN
- Epworth Score
- Berlin Questionnaire
- Headaches

Physical Exam

HEENT _____
 Nasopharynx _____
 Oropharynx: _____
 Jaw/Mouth: _____

 Tongue: _____
 Dentition/Mucosa: _____
 Neck Size in inches: _____

Heart: _____ Mental Status: _____
 Lungs: _____
 Mallampatti Score: _____ I _____ II _____ III _____ IV _____

Neurologic Exam:

Circle Applicable Study Types: Diagnostic - CPAP/BiPAP - MSLT - Split Night (if indicated)

Diagnosis Circle all that apply: PLMD/Restless Legs - Hypersomnia - ALS - Sleepwalking/RBD

Shift Work - Insomnia - Obstructive Sleep Apnea - Narcolepsy - Seizures

Special Needs: Please circle all that apply:

Oxygen: L/m Wheelchair Assistance Difficulty Communicating Other _____

Ordering Physician Signature: _____

Interpreting Physician :(Please check) _____ Dr. David E. Thomas

Date: _____ Time _____

Approved By : _____

David E. Thomas, M.D.
 Medical Director

Referral for Sleep Study

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Chose One Below:

Send results to the Referring physician for patient follow up.

OR

Schedule the Sleep Study follow up visit with Dr. David Thomas, Medical Director of The Spine Hospital of Louisiana Sleep Center.

OR

Schedule a Sleep Evaluation with Dr. David Thomas by calling (225) 763-9900 ext. 164. The scheduler's name is Danielle.

Questions, please call the following:
David Dayries, Technical Director ~ (225) 906-4833

Referring Physician

Date