D10186

If patient has Patient 1st, Medicaid, TriCare, or Viva, we will need the referral from the PCP with a valid EPSDT screening date.

Children's of Alabama

SLEEP DISORDERS CENTER
POLYSOMNOGRAM REQUEST FORM

1600 Seventh Avenue South
5th Floor McWane Building
Birmingham, Alabama 35233
Telephone (205) 638-9386 Fax (205) 638-2466

Before the sleep study is scheduled, we must have:
- ***Referral***
- ***Clinic notes***
- ***Patient history***
- ***Demographic sheet***

In order to better serve our patients, we ask that you provide the following information from your history and physical examination of this child. A copy of your office notes may contain all the needed information. Please fax it to the Sleep Disorders Center as soon as possible. ***A physician's signature is required.***

Office use only

MR# ____________________

APPOINTMENT DATE: _______

Type of appointment requested:

□ ***Polysomnographic Test (Sleep Study)***
□ ***Sleep Clinic (consultation)***

Name: _______________________________ **Date of Birth:** ___________________

Current Complaint:____

Written Diagnosis and/or Reason for Test **(Required):** ICD-10 code, *"R/O". or "Evaluate for" are not acceptable*

____

____

Current Medications: ____

History:

____

____

Sleep History:

BED TIME: __________ RISE TIME: ________ EXCESSIVE DAYTIME SLEEPINESS: _____________________

SNORING: ___________ GASPING/CHOKING: _______ INITIATING AND MAINTAINING SLEEP: ___________

OTHER CONCERNS: ____

PHYSICAL REVIEW:

HEIGHT: ____________________ WEIGHT: ________________________ NOSE: _________________________

PULMONARY: ____

THROAT: __________________________ NECK: ____

ABDOMEN: ____

CARDIOVASCULAR: _____________________________ NEUROLOGICAL: ______________________________

Physician's Signature **(Required)**: _____________________ Date **(Required)**:_________ Time **(Required)**: _________
Printed Physician's name **(Required)**: _______________________________
Office Number **(Required)**: ____________________________ Fax Number **(Required)**: _______________________
Mailing Address: **(Required)** ____
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