Oklahoma Heart Institute Sleep Care

Oklahoma Heart Sleep Center Locations **(please circle if preference)**

Midtown **Hillcrest South** **Bailey** **Claremore** **Cushing** **Henryetta**

1. Patient Name _____ Date of Birth _____

   Best Daytime Phone Number _____

   Please send Demographic Sheet

   Name of Person Completing Form _____

   Referring Provider Name _____ NPI # _____

   Phone _____Fax _____

   Authorization # _____ (Hard copy if available)

2. **Insurance Information:** Please fax enlarged copy of front and back of insurance card

Indications

1. Sleep Apnea, Obstructive ..... (G47.33)
2. Snoring (Not for Medicare) ..... (R06.83)
3. Excessive Sleepiness/ Hypersomnia..... (G47.10)
4. Primary Insomnia ..... (F51.01)
5. Sleep Related Movement Disorders..... (G47.69)
6. Sleep Apnea Unspecified ..... (G47.30)

* **Please Send a Copy of Any Previous Sleep Testing and Last Office Note.**

Medical Conditions (Please check all that apply)

- ❑ Hypertension ..... (I10)
- ❑ Atrial Fibrillation ..... (I48.91)
- ❑ Diabetes Mellitus ..... (E11.9)
- ❑ Obesity ..... (E66.9)
- ❑ CAD ..... (I25.10)
- ❑ Congestive Heart Failure ..... (I50.9)
- ❑ Stroke..... (I63.9)
- ❑ Chronic Obstructive Pulmonary Disorder. (J44.9)
- ❑ Chronic Opioid Use ..... (F11.10)
- ❑ Neuromuscular Disorders
- ❑ Other _____

Epworth Sleepiness Scale

(Please ask patient to complete prior to sending referral)

What are the chances that you would doze off?

0 - Never, 1 - Slight, 2 - Moderate, 3 - High

Sitting and reading..... _____

Watching TV ..... _____

Sitting, inactive in a public place..... _____

As a passenger in a car for an hour without a break ..... _____

Lying down to rest in the afternoon..... _____

Sitting and talking to someone ..... _____

Sitting quietly after lunch without alcohol ..... _____

In a car, stopped for a few minutes in traffic .. _____

Total: ..... _____

Referring Provider Orders

- ❑ Comprehensive Sleep Care—Sleep Consultation, Testing, Treatment and Follow Up
- ❑ Split Night Sleep Study—Diagnostic Sleep Testing with CPAP Titration if criteria for sleep apnea is met (95811)
- ❑ Diagnostic Sleep Study Without CPAP Titration (95810)
- ❑ CPAP Titration Study—Patient already has established diagnosis of sleep apnea. Copy of previous sleep study must be available (95811)
- ❑ Maintenance of Wakefulness Test (MWT) (95805)

Ordering Provider's Signature _____ Date _____

* Please send a copy of any previous sleep testing and last office note.
Please fax completed form to 918.747.5003.

If you have questions regarding OHI's Sleep Care program, please contact Oklahoma Heart Institute Sleep Care at 918.747.5337 (Option 3).