



ANCHORAGE SLEEP CENTER
510 W. Tudor Rd., Suite 5
Anchorage, AK 99503
(907) 743-0050

PATIENT NAME

DATE OF BIRTH

M F
GENDER

ADDRESS/CITY/ZIP

HOME PHONE

ALTERNATE PHONE

SYMPTOMS & HISTORY

SYMPTOMS

- | | |
|--|--|
| <input type="checkbox"/> SNORING | <input type="checkbox"/> MORNING HEADACHES |
| <input type="checkbox"/> EXCESSIVE DAYTIME SLEEPINESS | <input type="checkbox"/> WAKING FEELING TIRED |
| <input type="checkbox"/> WITNESSED APNEAS | <input type="checkbox"/> RESTLESS SENSATION IN ARMS OR LEGS |
| <input type="checkbox"/> AWAKEN WITH GASPING OR CHOKING SENSATION | <input type="checkbox"/> KICKING MOVEMENTS WHILE ASLEEP |
| <input type="checkbox"/> DIFFICULTY FALLING ASLEEP OR STAYING ASLEEP | <input type="checkbox"/> IMPAIRED DAYTIME CONCENTRATION/MEMORY |
| <input type="checkbox"/> OTHER: _____ | |

MEDICAL HISTORY

- | | | |
|---|---|--|
| <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> CHF/CAD (ISCHEMIC HEART DISEASE) | <input type="checkbox"/> SEIZURES |
| <input type="checkbox"/> HX. STROKE | <input type="checkbox"/> INSOMNIA | <input type="checkbox"/> CARDIAC ARRHYTHMIAS |
| <input type="checkbox"/> IMPAIRED COGNITION | <input type="checkbox"/> MOOD DISORDERS | <input type="checkbox"/> GERD |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> ASTHMA/COPD | <input type="checkbox"/> CHRONIC PAIN |
| <input type="checkbox"/> FIBROMYALGIA | <input type="checkbox"/> OTHER: _____ | |

PROCEDURE ORDERED

- SLEEP MEDICINE CONSULTATION:** *A sleep evaluation by a Board Certified Sleep Physician.*
- DIAGNOSTIC SLEEP STUDY:** *Attended overnight Polysomnogram performed per American Academy of Sleep Medicine (AASM) guidelines. This is the standard test indicated for sleep apnea, snoring, and restless legs syndromes.*
- SPLIT-NIGHT STUDY:** *Attended overnight Polysomnogram followed by CPAP titration as indicated per AASM guidelines.*
- CPAP TITRATION STUDY:** *Full night Polysomnogram with CPAP titration. CPAP titration is indicated for patients with documented sleep apnea.*
- MULTIPLE SLEEP LATENCY TEST:** *Daytime study consisting of a series of naps to document daytime somnolence or narcolepsy. A Polysomnogram is typically performed the night prior to rule out the possibility of other sleep disorders.*

PHYSICIAN SIGNATURE

PRINTED NAME

NPI#

PHONE

FAX

PLEASE FAX THIS FORM, A COPY OF THE INSURANCE CARD, AND CLINICAL NOTES TO

FAX (907) 743-0060