



WASILLA SLEEP CENTER
3719 E. Meridian Lp., Suite C
Wasilla, AK 99654
(907) 357-4200

PATIENT NAME

DATE OF BIRTH

GENDER (M/F)

ADDRESS/CITY/ZIP

HOME PHONE

ALTERNATE PHONE

SYMPTOMS & HISTORY

SYMPTOMS

- SNORING, EXCESSIVE DAYTIME SLEEPINESS, WITNESSED APNEAS, AWAKEN WITH GASPING OR CHOKING SENSATION, DIFFICULTY FALLING ASLEEP OR STAYING ASLEEP, OTHER:
MORNING HEADACHES, WAKING FEELING TIRED, RESTLESS SENSATION IN ARMS OR LEGS, KICKING MOVEMENTS WHILE ASLEEP, IMPAIRED DAYTIME CONCENTRATION/MEMORY

MEDICAL HISTORY

- HYPERTENSION, HX. STROKE, IMPAIRED COGNITION, DIABETES, FIBROMYALGIA, CHF/CAD (ISCHEMIC HEART DISEASE), INSOMNIA, MOOD DISORDERS, ASTHMA/COPD, OTHER:
SEIZURES, CARDIAC ARRHYTHMIAS, GERD, CHRONIC PAIN

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) 357-4201