WASILLA SLEEP CENTER

WASILLA SLEEP CENTER
1751 E Gardner Way, Ste E
Wasilla, AK 99654
(907) 357-4200

PATIENT NAME _____ DATE OF BIRTH _____ ☐ M ☐ F GENDER

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