



FAIRBANKS SLEEP CENTER  
3405 Airport Way  
Fairbanks, AK 99709  
(907) 374-9920

\_\_\_\_\_  
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) 374-9930**