



PO

Crestwood Sleep Disorders Center
4810 Whitesport Dr. Suite 106 Huntsville, Al. 35801 & 20 Hughes Road, Madison, Al. 35758
Huntsville Phone: 256-429-4750 Fax: 256-429-4660
Madison Phone: 256-429-4765 Fax: 256-429-4774

DIRECT REFERRAL FOR SLEEP STUDY

Thanks you for the referral of your patient. The American Academy of Sleep Medicine requires the following patient information per Accreditation Standards.

Has this patient been tested for COVID-19 in the last 30 days? No or Yes, the date of the test was
Has this patient been treated for similar COVID-19 symptoms in the last 30 days? Yes or No
If answering YES to either of these questions, please call the department at 256-429-4750.

Date:
Patient Name: DOB: Age: M F
Wt: Ht: BMI: Neck Circumference:
Pulse: Respiratory Rate: BP:
Allergies: NKDA

Sleep Testing:

- Diagnostic Polysomnogram (CPAP may be applied if patient meets Sleep Center protocol for severe Obstructive Sleep Apnea)
Home Sleep Study

Indications for Testing of Obstructive Sleep Apnea: (at least one must be checked)

- Snoring/gasping
Excessive Daytime sleepiness
Observed Apnea

- Narcolepsy
Morning Headaches
Night Terrors
Nocturnal Seizures
Cataplexy
Nocturia times per night
Night Terrors
Restless Sleep

Personal Medical History:

- Hypertension Stroke CHF Obesity Lung Disease
Drug abuse Neuro/Psych Cancer Deviated Septum Diabetes
Seizure Disorder Fibromyalgia Depression/Anxiety GERD

Family History:

- Apnea Diabetes Cancer Hypertension Lung Disease Depression/Anxiety GERD Heart Disease

Social History:

Alcohol drinks per day Tobacco Caffeine cups per day

Sleep/Wake Schedule:

Work schedule daytime evening night variable
Normal bedtime: AM / PM Normal wake time: AM / PM
Medication required to sleep None

- Special Needs Hospital Bed Wheelchair Oxygen Interpreter

History & Physical with referral Criteria from physician (mandatory)

Please attach a list of current medications as well as patient demographics and fax to location

Ordering Physician:

Reviewed by DABSM

Further Recommendations by DABSM:

Patient to follow-up with Referring physician or Sleep physician for results. (Please specify)