

**SLEEP DISORDERS CENTER AT Trinitas Regional Medical Center**

210 Williamson Street, Elizabeth, New Jersey 07202

Phone: 908-994-8694, Fax: 908-994-8697, Email: [Sleep@Trinitas.org](mailto:Sleep@Trinitas.org)

## Referral Form For Sleep Study

Patient Name:

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Date of Birth:

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Telephone:

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Cell Number:

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Prescribing Physician Name:

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Telephone:

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Fax Number:

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### Services Requested:

One time visit with Diplomate of American Board of Sleep Medicine to assist in Evaluation, History and Physical, determination of appropriate sleep study required, and detailed recommendations. (History/Physical section not needed. Fax this form to the Sleep Center)

Sleep Study Only. Please fill out and fax this H/P form to Sleep Center for review by D'ABSM.

### History and Physical:

**SLEEP PROBLEMS**

Witnessed Apneas

Tiredness/Fatigue

Excessive Daytime Sleepiness

Insomnia

Snoring

Cataplexy

Frequent Awakenings

Sleep Walking

Morning Headaches

Other: \_\_\_\_\_

**MEDICAL  
CONDITIONS**

HTN

GERD

CHF

Diabetes

Cardiac Arrhythmias  COPD/Asthma  
 Stroke/Seizures  
 Other: \_\_\_\_\_

PHYSICAL EXAM

Heart  Normal  
 Abnormal: \_\_\_\_\_  
Lungs  Normal  
 Abnormal: \_\_\_\_\_  
Abdomen  Normal  
 Abnormal: \_\_\_\_\_  
CNS  Normal  
 Abnormal: \_\_\_\_\_  
HEENT  Normal  
 Abnormal: \_\_\_\_\_

PRESUMPTIVE  
DIAGNOSIS

Sleep Apnea  Sleepwalking  
 Narcolepsy  Hypersomnia  
 PLMD/Restless Legs  Insomnia  
 Nocturnal Seizures \_\_\_\_\_  
 Other: \_\_\_\_\_

TYPE OF STUDY

Basic Polysomnogram CPT 95810  MSLT CPT 95805\*\*\*\*\*  
 CPAP/BIPAP Titration CPT 95811  MWT CPT 95805\*\*\*\*\*  
 Split Night CPT 95811

**Follow up and treatment for sleep related problems e.g. CPAP treatment,  
Sleep Hygiene, sleep related medications, etc. will be done by:**

Vipin Garg, M.D., FCCP, FAASM  Prescribing M.D.

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_