



Pulmonary & Sleep Medicine Referral Form

Today's Date: _____

Referring Physician: _____ Office Name: _____

Referring Physician Phone#: _____ Fax #: _____

Diagnosis: _____

Referral for:

- ☐ Consult related to sleep diagnosis
- ☐ Consult related to pulmonology diagnosis
- ☐ Testing
 - ☐ PFT
 - ☐ Home Sleep Study
 - ☐ PSG

- ☐ **ROUTINE**
- ☐ **STAT (TODAY)**
- ☐ **URGENT (WITHIN 48 HRS)**

Provider Preference (please circle):

- ☐ Dr. Irram Hamdani (Pulmonology & Sleep)
- ☐ Dr. Jack Salah (Sleep Medicine)
- ☐ Dr. Daniel Thielemann (Sleep Medicine)
- ☐ Joseph Morgan, PA. (Pulmonology)
- ☐ First Available

Patient Information:

Name: _____ DOB: _____ Sex: Male or Female

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Insurance Information:

Primary: _____ ID #: _____ Group #: _____

Secondary: _____ ID #: _____ Group #: _____

PCP: _____

Does the patient's insurance require a referral from their PCP?

- ☐ Yes- Please provide a referral for services requested
- ☐ No

****Please send demographics and insurance information with the following:**

- ☐ Last office note,
- ☐ Recent hospitalization notes
- ☐ Testing completed within the last 2 years (*Please have patient bring imaging discs with them to their appointment)

History of Sleep Problem:

- | | |
|---|---|
| ☐ Daytime Sleepiness | ☐ Frequent Awakenings |
| ☐ Shift Work | ☐ Sleep Walking/Talking |
| ☐ Morning Headaches | ☐ Fatigue |
| ☐ Snoring | ☐ Restless Legs |
| ☐ Cataplexy | ☐ Seizures |
| ☐ Nocturia | ☐ Other _____ |
| ☐ Witnessed Apneas | ☐ Home O2 _____ L |
| ☐ Claustrophobia | ☐ CPAP/BIPAP: _____ cm H2O |
| ☐ Insomnia | ☐ Oral Appliance |

Comorbidities:

- | | |
|---|--|
| ☐ MI/CAD | ☐ Hypertension |
| ☐ TIA/CVA | ☐ Obesity |
| ☐ CHF | ☐ Depression |
| ☐ Diabetes | ☐ Anxiety |
| ☐ Hyperlipidemia | ☐ Substance Abuse |
| ☐ Neuromuscular Disorder | |

Urgent:

- ☐ Safety Critical Occupation
- ☐ Oximetry with severe sleep apnea
- ☐ Driver's License Suspension
- ☐ Severe Daytime Sleepiness
- ☐ Motor Vehicle Accident
- ☐ Recent MI or CVA
- ☐ Pre-Operative Assessment

Special Needs:

- ☐ Oxygen
- ☐ Ambulatory Assistance
- ☐ Wheelchair
- ☐ Difficulty hearing
- ☐ Communicating
- ☐ Other _____

Dr. Irram Hamdani (Pulmonary & Sleep) NPI : 1245433952	Dr. Jack Salah (Sleep) NPI: 1336140938
Dr. Daniel Thielemann (Sleep) NPI: 1801107255	Joseph Morgan (Pulmonary) NPI: 1982229100

PLEASE FAX REFERRALS TO 904.309.8051

***If you need to reach the referrals team, please call 904.493.3333 Ext: 2010 or 2015. If you are having trouble reaching someone and need immediate assistance, please reach out to Amy Williams @ 423-650-7845 or Shelly Cataleta @ 904.518.0532 ☺**