

Richard P Wikholm, MD,
FACS, DABSM
Medical Director
Diplomate, American Board of Sleep Medicine

Phone: 805-614-9250/9132 Fax: 805-614-9260



**A Full Service
Disorder**

**Sleep
Center**

Accredited by: The American Academy of Sleep Medicine



DIRECT REFERRAL FOR SLEEP STUDY

Patient Name: _____

Referring Physician: _____

Date of Birth: _____ Gender: M / F

Phone: _____ Fax: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: _____

Is Preauthorization required for sleep study? Y / N

History & Physical Information: (Please attach recent office notes)

Sleep related symptoms:

- Exc. Daytime Sleepiness
- Snoring
- Witnessed Apneas
- Claustrophobia
- Waking, gasping for air
- Morning headaches
- Nocturia/Enuresis
- Sleep Paralysis
- Insomnia

- Sleep walking
- Cataplexy

Other Existing Medical conditions:

- HTN
- GERD
- Cardiac Arrhythmias
- Fibromyalgia
- Anxiety/Depression
- Asthma / COPD

- Stroke/Weakness
- Chronic Pain
- Seizures
- Diabetes
- CHF
- ALS
- ADD/ADHD
- Poor scholastic performance
- Psychiatric

Other: _____

STUDY REQUESTED:

- Diagnostic Sleep Study (PSG) – *Ages 2 years and above*
- Split Night Sleep Study (Diagnostic plus CPAP/BiPAP titration)
- Multiple Sleep Latency Testing (Requires sleep study the night before)
- Maintenance of Wakefulness Test (Requires sleep study the night before)
- HST-OCST (Home Sleep Testing-Out of Center Sleep Testing)

Ordering Physician Signature:

Date:

PLEASE FAX to 805-614-9260:

- Completed and signed direct referral form
- Patient face sheet
- Patient insurance card (front & back)
- Prior authorization, if required
- Recent office notes

Medical Director: Richard P Wikholm MD, FACS, DABSM **Technical Director:** Paul Tripoli, RRT, RPSG
116 S. Palisade, Ste. 206, Santa Maria, CA. 93454 Phone: 805-347-9132 Fax: 805-614-9260