Sleep Medicine Institute OF TEXAS, PA

Raghavendra V. Ghuge, MD, DABSM, FAASM, MBA

Fax: (903) 787-8825
Phone. (903) 787-7533

3187 Paluxy Dr, Tyler, TX 75701
Website: www.sleeptyler.com

THANK YOU FOR YOUR SELF- REFERRAL!

NAME: _____

DOB: _____ **GENDER:** _____

Email: _____

PH: CELL: _____ **WORK:** _____ **HOME:** _____

How did you hear about us? _____

Primary Health Insurance: _____ **ID:** _____

Subscriber Name: _____ **Subscriber Date of Birth:** _____

Secondary Health Insurance: _____ **ID:** _____

1. **Consultation and management of sleep disorders at Sleep Medicine Institute of Texas**
2. **Sleep testing, CPAP/BIPAP device and/or CPAP supplies**
3. **Custom Mandibular Repositioning Device (AIO BREATHE) for snoring/OSA**
4. **DOT / FAA evaluation for sleep disorder**

Do you have any of the following symptoms or diagnosis?

☐Snoring ☐Sleep apnea ☐Excessive Daytime Sleepiness ☐Fatigue ☐Insomnia ☐Impaired Cognition ☐Headaches ☐Depression & mood swings ☐Pulmonary hypertension ☐Hypertension ☐Stroke ☐CHF ☐Cardiac Arrhythmia ☐Coronary artery disease ☐Obesity ☐Narcolepsy ☐Periodic limb movements of sleep ☐Restless leg syndrome ☐Memory loss ☐Abnormal sleep behavior ☐Bedwetting ☐Seizures ☐Adeno-Tonsillar hypertrophy with snoring ☐ADD/ADHD ☐Sleep-walking ☐Bruxism ☐Reflux

Other Diagnosis: _____

PLEASE FAX THIS FORM WITH THE FOLLOWING INFORMATION:

1. Copy (front & back) of insurance cards
2. Any pertinent information like previous sleep studies (if available)
3. Primary Care provider notes (if applicable)