



3187 Paluxy Dr, Tyler, TX 75701

www.sleep Tyler.com

R. V. Ghuge, MD, FAASM, DABSM

Ph: 903-787-7533;

Natalie Starkey, ARN, FNP-C

Fax: 903-787-8825

Sharon McElroy NP-C

PEDIATRIC AND ADULT SLEEP DISORDERS

REFERRALS FAX NUMBER: 903-630-7141

**PATIENT REFERRAL FORM**

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ Neck size: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of contact person at Referring Physician's office: \_\_\_\_\_

Contact person Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**Choose the appropriate referral order:**

1. Consultation with Dr. Ghuge
2. Home sleep apnea test only with interpretation and report sent to Referring Physician
3. Consultation and in-lab sleep study
4. Pre-operative evaluation of sleep disorder
5. DOT / FAA evaluation for sleep disorder

**Medical necessity for referral (choose all that apply)**

Loud snoring	Gasping in sleep	Memory loss	Sleep apnea
Headaches	Choking in sleep	Nocturnal acid reflux	ADD /ADHD
Insomnia	Failed PAP therapy	Obesity	Bedwetting
Daytime sleepiness	Cardiac arrhythmias	Impaired cognition	Sleep walking
Non-restorative sleep	Hypertension	Narcolepsy	Dementia
Fatigue	Depression	Seizures	Polycythemia
Irritability and mood swings	Coronary artery disease	History of stroke	Congestive heart failure

**PLEASE FAX THE FOLLOWING DOCUMENTS WITH THIS FORM:**

1. Primary and secondary health insurance cards (front and back)
2. Patient demographics
3. Echocardiogram (if available) and previous sleep study (if available)

Thank you for your referral!