Sleep Medicine Institute OF TEXAS, PA

3187 Paluxy Dr, Tyler, TX 75701 www.sleeptyler.com R. V. Ghuge, MD, FAASM, DABSM

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PEDIATRIC AND ADULT SLEEP DISORDERS

REFERRALS FAX NUMBER: 903-630-7141

PATIENT SELF REFERRAL FORM

Name: _____ Date of birth: _____

Height:_____Weight: _____Gender:_____ Neck size: _____

Preferred phone (used to call to make appointment): _____

Email address: _____

How did you hear about us? (*Choose all that apply*)

Radio ad/ Billboard / friend / family / TV ad / airport ad / social media / our website /

Primary health insurance: _____ ID: _____

Subscriber name: _____ Subscriber date of birth: _____

Secondary Health Insurance: _____ ID: _____

Subscriber name: _____ Subscriber date of birth: _____

Choose the appropriate referral request:

1. Consultation with Dr. Ghuge
2. Home sleep apnea test with interpretation and report
3. Consultation and in-lab sleep study
5. DOT / FAA evaluation for sleep disorder

Do you have any of the following signs and symptoms? (*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 your primary and secondary health insurance cards (front and back) with this form to 903-630-7141. Our staff will contact you at the preferred contact number provided on the form to set up the appointment.

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