

Legacy Sleep Center

Physician Referral Form



Patient name _____ Phone _____ Date of birth (mm/dd/yyyy) _____
Address _____ City _____ State _____ ZIP _____
Insurance _____ Insurance authorization # _____

Please attach a copy of insurance card, demographic information, history and physical, chart notes with indication for sleep study, problem list, medication list and significant allergies.

Indications for Consultation or Sleep Study:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Bariatric surgery | <input type="checkbox"/> Parasomnia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Observed apnea | <input type="checkbox"/> Hypercarbia | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Narcolepsy |
| <input type="checkbox"/> Excessive daytime sleepiness | <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> REM behavior disorder | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> RLS/PLMD | <input type="checkbox"/> CAD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Prior history of OSA |
| <input type="checkbox"/> Abnormal movements | <input type="checkbox"/> Bruxism | <input type="checkbox"/> Complex sleep apnea | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Please refer for a Consultation *OR* a Sleep Study:

Sleep Specialist Consultation Referral (see reverse for specialists' office addresses):

- | | |
|---|--|
| <input type="radio"/> Jeffrey Bluhm, M.D. (Legacy Meridian Park: Fax 503-692-8562) | <input type="radio"/> Joshua Ramseyer, M.D. (Legacy Good Samaritan and Legacy Meridian Park: Fax 503-459-5398) |
| <input type="radio"/> Beenish Khwaja, D.O. (Legacy Mount Hood: Fax 503-674-1830) | <input type="radio"/> Jody Tate, M.D. (Legacy Salmon Creek: Fax 360-487-4729 , Legacy Meridian Park: Fax 503-692-7305 , Legacy Good Samaritan: Fax 503-413-5548) |
| <input type="radio"/> Poh Leng, M.D. (Legacy Good Samaritan: Fax 503-413-5548 , Legacy Salmon Creek: Fax 360-487-4729) | |
| <input type="radio"/> David Liss, M.D. (Legacy Meridian Park: Fax 503-692-8562) | |

Sleep Study Referral: Legacy Good Samaritan Fax: **503-413-6919** Legacy Meridian Park Fax: **503-692-7336** Legacy Mount Hood Fax: **503-674-1281** Legacy Salmon Creek Fax: **360-487-4709**

- Split-night study:** Diagnostic + CPAP/BILEVEL titration if insurance and Sleep Center criteria met
- Diagnostic testing only:** No CPAP/BILEVEL
- CPAP/BILEVEL titration:** Must provide prior sleep study

Also available — These studies require a sleep specialist consultation — please complete consultation section above:

- | | | | | |
|--------------------|-----------------|--------------|-----------------|---------------------------------|
| • Home sleep study | • MSLT | • MWT | • ASV Titration | • Parasomnia/REM behavior study |
| | • Seizure study | • Actigraphy | • PAP-NAP | |

Medications needed for Sleep Study:

If a sleep aid is indicated, please provide for the patient before coming to the Sleep Center.

Note: By signing below, I signify that the patient has been deemed capable of self-administering his or her own medications.

Oxygen administration

Oxygen will be administered per Sleep Center protocol. Patient currently on home O2 at _____ lpm.

- ABG pre-study (LGS and LMP only) ABG post-study (LGS and LMP only) (ABGs may also be drawn per Sleep Center protocol)

Special needs (e.g., equipment, language needs): _____

Referring physician _____ Phone _____ Fax _____
Address _____ City _____ State _____ ZIP _____
Physician signature _____ Date _____

Jeffrey Bluhm, M.D.

Oregon Pulmonary Associates

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19250 S.W. 65th Ave., Suite 135
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Beenish Khwaja, D.O.

Legacy Medical Group–Sleep Medicine at Mount Hood

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Poh Leng, M.D.

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Legacy Medical Group–Sleep Medicine at Good Samaritan

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Joshua Ramseyer, M.D.

The Oregon Clinic PC Neurology

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Jody Tate, M.D.

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