ACHC ACCREDITED

Owensboro Advanced Sleep Center

1126 Triplett Street
Owensboro, KY. 42303
Phone (270) 687-9000 Fax (270)689-2052

Request For Sleep Study

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***Please send a recent office note, medication list, order and 4 page sleep H&P forms ***

Patient's Name: _____ D.O.B. _____

Phone#_____ Alternate Phone#_____

Address: _____

Social Security # _____

Notes:_____

Nature of Sleep Disturbance:

- ☐ Snoring
- ☐ Excessive Daytime Sleepiness / Fatigue
- ☐ Nocturnal Choking / Gasping
- ☐ Observed apnea
- ☐ Impaired cognition
- ☐ Obstructive Sleep Apnea (diagnosed)
- ☐ Insomnia
- ☐ Sleepwalking and other Parasomnias
- ☐ Narcolepsy or sleep attacks
- ☐ Other_____
- ☐ Ischemic heart disease/CAD
- ☐ CHF
- ☐ Atrial Fibrillation
- ☐ Hypertension
- ☐ Nocturnal palpitations
- ☐ Diabetes
- ☐ Nocturia
- ☐ Commercial Motor Vehicle Operator
- ☐ Mood Disorder
- ☐ Restless Legs Syndrome

Physician's Signature: _____ Date:_____

Physician's Printed Name:_____

Phone#_____ Fax #_____

Date and Time Scheduled: _____

Revised Feb. 2019