Bartlett Regional Hospital

Sleep Sciences Referral

3260 Hospital Drive, Juneau Alaska 99801
Phone: (907) 796-8875 Fax: (907) 796-8460
sleep@bartletthospital.org

Patient Name | Date of Birth | Todays Date

Sex | Height | Weight | Phone Number | Alternate Contact / Caregiver Name

Indications

- [ ] Snoring
- [ ] Excessive daytime sleepiness
- [ ] Witnessed apnea
- [ ] Gasping or choking
- [ ] Morning headaches
- [ ] Waking unrefreshed
- [ ] Hypertension
- [ ] Diabetes mellitus
- [ ] Stroke
- [ ] CHF/CAD
- [ ] Chronic opioid use
- [ ] COPD
- [ ] GERD
- [ ] Restless sensations
- [ ] Excessive movement asleep
- [ ] Violent behavior asleep
- [ ] Waking with injuries
- [ ] Neurodegenerative disease
- [ ] Dream reenactment
- [ ] Sleep paralysis
- [ ] Cataplexy
- [ ] Vivid dreams
- [ ] Sleep walking/talking
- [ ] Nightmares or night terrors
- [ ] Difficulty falling asleep
- [ ] Difficulty staying asleep
- [ ] Depression
- [ ] Irritability
- [ ] Enuresis
- [ ] Nocturia
- [ ] Enlarged tonsils or adenoids
- [ ] Tonsillectomy
- [ ] Adenoidectomy
- [ ] Behavioral problems
- [ ] ADHD
- [ ] FASDs
- [ ] Autism
- [ ] Craniofacial abnormalities
- [ ] Trisomy 21
- [ ] Neuromuscular disease
- [ ] Seizures
- [ ] Asthma
- [ ] Bruxism

Study Requested

(Leave blank if unsure)

- [ ] Diagnostic Study (95810)
- [ ] Split Night Study (95811)
- [ ] CPAP Titration (95811)
- [ ] Home Sleep Test (95800)
- [ ] MSLT/MWT (95805)

Special Instructions /Accommodations

Please indicate any special needs (wheelchair, translator, caregiver, hearing impaired, etc.)

Clinician Signature and Printed Name/Stamp | Phone Number | Fax Number

Thank you for your referral! Please include with your fax:

- **A recent chart note**
- **Demographic sheet**
- **Insurance cards**