

3917 West Road • Los Alamos, NM 87544 • Phone 505.661-9533 • Fax 505.661.9194  
www.LosAlamosMedicalCenter.com

## Sleep Medicine Referral

Patient Name: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_ Provider Contact Information: \_\_\_\_\_

### Clinical Indication for Referral:

- |  |  |
|--|--|
| <input type="checkbox"/> 780.51 Sleep Apnea w/ Insomnia    | <input type="checkbox"/> 333.94 Restless Legs Syndrome                 |
| <input type="checkbox"/> 780.53 Sleep Apnea w/ Hypersomnia | <input type="checkbox"/> 327.51 Periodic Limb Movement Disorder        |
| <input type="checkbox"/> 780.57 Sleep Apnea unspecified    | <input type="checkbox"/> 307.42 Insomnia                               |
| <input type="checkbox"/> 347.00 Narcolepsy unspecified     | <input type="checkbox"/> 327.02 Insomnia due to Mental Health Disorder |
| <input type="checkbox"/> Other:                            |  |

### Associated Symptoms:

- |   |   |
|---|---|
| <input type="checkbox"/> Loud Snoring                 | <input type="checkbox"/> Nocturia                 |
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Dry Mouth upon awakening |
| <input type="checkbox"/> Obesity                      | <input type="checkbox"/> Restless Legs            |
| <input type="checkbox"/> Hypertension                 | <input type="checkbox"/> Insomnia                 |
| <input type="checkbox"/> Morning Headache             | <input type="checkbox"/> Restless Sleep           |
| <input type="checkbox"/> Other:                       |   |

### Additional Information:

**Provider Instructions:** Fax this form to 505-661-9194 and provide a copy to the patient.

**Patient Instructions:** Call our sleep center to schedule your initial consultation.

**Gregory Charlton, M.D.**  
Sleep Medicine  
Neurology

**Margaret "Peggy" Fowler, Ph.D.**  
Clinical Psychologist  
Behavioral Sleep Medicine

**Barry Krakow, M.D.**  
Internal Medicine  
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