MEMORIAL sleep SPECIALISTS
MEMORIAL Physicians, PLLC
406 South 30th Avenue, Suite 206, Yakima, WA 98902
P: 509-574-3383 • TF: 877-7705103 • F: 509-249-4450

CONSULTATION / REFERRAL REQUEST

Please fill in ALL blanks

Next Available ☐ Urgent

Date: ___ / ___ / ___

Referring Physician: _____ PCP: _____

Patient Name: _____ DOB: ___ / ___ / ___

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Interpreter Needed: ___ Yes ___ No

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Is a referral required: ___ Yes ___ No Authorization #: _____

IF AUTHORIZATION IS REQUIRED, IT MUST BE ATTACHED

REASON FOR CONSULT

☐ Snoring/Apnea ☐ Insomnia ☐ Excessive Sleepiness ☐ Shift Work
☐ Sleep Walking/Talking ☐ Restless Legs ☐ Other: _____

Has the patient had a previous overnight sleep study (not overnight oximetry): ___ Yes ___ No

If yes, please provide the year: _____ & location: _____

RESULTS FROM SLEEP STUDIES THAT OCCURRED IN THE LAST TWO YEARS MUST BE RECEIVED BEFORE PATIENTS CAN BE SCHEDULED FOR CONSULT

PLEASE INCLUDE ALL THE FOLLOWING

- Previous Sleep Study Reports (Not Overnight Oximetry)
- Last Chart Note (Do not send x-rays or labs)
- A Complete Problem List
- Insurance Information

Thank you for your assistance in helping with your patient's care.

If faxing, please attach documents to this referral

If you are not on eCW and would like a return FAX with the patient's appointment date and time, include your fax #: _____