



Pacific Sleep Program: Pediatric ages 3-17 Referral Form

**Portland Office:**

11790 SW Barnes Rd, STE 330 Portland, OR 97225
 Phone: (503) 228-4414
 Fax: (503) 228-7293

Astoria Office:

2120 Exchange St, STE 302 Astoria, OR 97103
 Phone: (503) 325-3126
 Fax: (503) 325-4933

PLEASE INCLUDE CHART NOTES, MEDICATION LIST AND FRONT/BACK OF RECENT INSURANCE CARDS

Patient Name:		Date of Birth:	
Parent/Guardian Name:		Parent/Guardian DOB:	
Home/Work Phone:		Cell Phone:	
Primary Insurance:		Primary Insurance ID:	
Secondary Insurance:		Second Insurance ID:	

MEDICAL HISTORY (a history and physical exam is required)

<u>Suspected Diagnosis:</u>	<u>Signs/Symptoms:</u>	<u>Past Medical History:</u>	<u>Special Needs:</u>
<ul style="list-style-type: none"> <input type="radio"/> Sleep apnea <input type="radio"/> Restless leg syndrome <input type="radio"/> Insomnia <input type="radio"/> Narcolepsy 	<ul style="list-style-type: none"> <input type="radio"/> Snoring <input type="radio"/> Witnessed apnea <input type="radio"/> Obesity <input type="radio"/> Daytime sleepiness <input type="radio"/> Hyperactivity <input type="radio"/> Behavioral issues 	<ul style="list-style-type: none"> <input type="radio"/> CAD <input type="radio"/> HTN <input type="radio"/> Stroke <input type="radio"/> COPD <input type="radio"/> Tonsillar enlargement <input type="radio"/> Tonsillectomy +/- Adenoidectomy <input type="radio"/> ADD/ADHD 	<ul style="list-style-type: none"> <input type="radio"/> Nocturnal O2: L/min <input type="radio"/> Wheelchair <input type="radio"/> Medical Interpreter

PATIENT WILL BE SCHEDULED FOR CONSULTATION WITH A PEDIATRIC SLEEP SPECIALIST TO EVALUATE AND TREAT PATIENT. THIS MAY INCLUDE A SLEEP STUDY AND FOLLOW UP.

Please note: Highly complex cases including, but not limited to insomnia with following associated conditions; anxiety disorder, mood disorder such as depression or bipolar illness, schizophrenia, ADHD except for cases that need screening for sleep apnea, pervasive developmental disorder, cerebral palsy, and other neurological disorders, behavior/ neurobehavioral disorders, suspected apnea in children with intrinsic lung disease i.e. cystic fibrosis and tracheostomy should be seen at OHSU or Legacy Emanuel sleep centers.

ORDERING CLINICIAN INFORMATION

Name: _____

Signature: _____

Address: _____

Phone: _____ Fax: _____