Sleep Disorders Center New Patient Referral Type- Outside Referral

After reviewing the symptom list please select either a Medical or Behavioral referral type based on your patient’s signs and symptoms. Check the most appropriate box related to your patient symptoms. If your patient has signs or symptoms in both categories, please refer for Medical Sleep Disorder evaluation and the sleep medicine provider will make an appropriate referral for a behavioral issues if necessary.

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| Poor sleep habits that are likely contributing to sleep challenges |
| Insomnia |
| Can’t sleep without parental presence |
| Bedtime refusal or tantrums |
| Frequent awakenings, falls back to sleep quickly and easily with parent contact |
| Sleep delays (goes to bed late or gets up late) without daytime sleepiness |
| Nighttime fears or nightmares |
| Anxiety or worry surrounding sleep |
| Other sleep concern thought to be behavioral in nature |

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| Severe snoring or loud breathing more than three nights per week |
| Frequent awakenings, does not fall back to sleep easily with parental contact |
| Craniofacial malformations |
| Observed obstructive or central sleep apnea |
| Down syndrome with sleep disturbance |
| Restless leg or periodic limb movement symptoms |
| Parasomnias (sleep walking, night terrors, etc.) |
| Narcolepsy or unexplained sever daytime sleepiness |
| Sleep Delays (goes to bed late or gets up late) with daytime sleepiness |
| Medical screening for patients with psychiatric disorder |
| Other sleep concern thought to be medical in nature |

Child Name:

Child DOB:

Physician Name:

Updated:

Sleep disorder involving exclusively or primarily behavioral issues or concerns

Sleep disorder involving medical (anatomic or physiologic) issues or concerns

Medical Sleep Disorder

Behavioral Sleep Disorder