UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

UI Section of Pulmonary, Critical Care, Allergy and Sleep Medicine
Sleep Science Center (MC 822)
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Chicago, Illinois 60612-3515

office 877-ZNOOZ-UI or 877-766-6984
facsimile 312-413-0503
email sleep@uic.edu
website http://hospital.uillinois.edu/sleep

UIC SLEEP SCIENCE CENTER REFERRAL FORM

Patient's Name: _____ Referring Physician: _____

MRN: _____ DOB: _____ Practice Name: _____

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Phone#: _____ Email: _____ Phone#: _____ Fax#: _____

Ins.1.) _____Ins. 2.) _____ NPI #: _____ Email: _____

HMO Authorization #: _____ *Physician's Signature*:_____

Please Fax Completed Referral & HMO Authorizations to
(312) 413-0503

DIAGNOSTICE SLEEP PACKAGE

☐ **Complete Sleep Care:**

1. **Pre-Sleep Study Clinic Consultation with Sleep Medicine Specialist.**
2. **Overnight Sleep Study in Sleep Lab.**
3. **Post-Sleep Study Clinic Consultation and Treatment Selection with Sleep Medicine Specialist.**

Sleep Symptoms:
Indications:

☐ **Snoring** ☐ **Fatigue/Sleepiness** ☐ **Non-restorative Sleep** ☐ **Unusual Sleep Behavior**
☐ **Possible Limb Movement Disorder** ☐ **Sleep Initiation or Maintenance Insomnia** ☐ **Hypoxia**
☐ **Nocturnal Choking** ☐ **Enuresis** ☐ **Witnessed Apneas** ☐ **Hypertension**
☐ **Other** _____

Significant Medical History:

☐ **Hypertension** ☐ **Heart Disease** ☐ **Diabetes** ☐ **COPD** ☐ **Asthma**
☐ **Respiratory Failure** ☐ **Pre-Op** ☐ **Neuromuscular Disease**
☐ **Other** _____

"We don't rest until you do"