Ann & Robert H. Lurie Children's Hospital of Chicago™
Chicago, IL 60611
Order/Consultation Request Form

Medical Record No.
Patient Name
Birthdate
Physician
Please align patient label to the right

Ann & Robert H. Lurie Children's Sleep Disorders Center Order/Consultation Request Form

Phone (312) 227-6740 Fax (312) 227-9452

Patient's name: ________________________________

Address:______________________________________
____

Phone Number: _________________________________

Contact Name: _________________________________

Referring Physician:____________________________

NPI Number: ___________________________________

Address: ______________________________________

Phone Number: ________________________________

Fax Number: __________________________________

Specific request:

☐ **Sleep Study/Polysomnogram**. Sleep study report will be sent to the referring physician. Referring physician will be responsible for follow-up with the patient/parent. **Referring physician's office is responsible for the study pre-authorization.**

☐ **Consultation with Lurie Children's Sleep Medicine Physician**. Sleep study may be ordered by the Lurie Children's Sleep Medicine physician. Lurie Children's Sleep Medicine staff will schedule a follow-up visit with the patient/parent and will obtain sleep study pre-authorization if needed.

Main concerns (please, check applicable):

☐ Excessive daytime sleepiness,
☐ Unintentional sleep episodes,
☐ Habitual napping (for patients older than 6 years),
☐ Nightmares,
☐ Sleep terrors (for patients older than 3 years),
☐ Sleep walking,
☐ Suspected nocturnal seizures
☐ Nocturnal enuresis (for patients older than 4 year old),
☐ Rhythmic movements during or prior to sleep,
☐ Difficulties falling or staying asleep,
☐ Heavy breathing during sleep,
☐ Mouth breathing,
☐ Nocturnal diaphoresis,
☐ Mouth breathing during sleep,
☐ Morning headaches,
☐ Morning thirst,
☐ Restless sleep,
☐ Legs kicking during sleep,
☐ Leg pains at bedtime or during sleep
☐ Hyperactivity, inattentiveness, or behavioral concerns
☐ ICD-10 Diagnosis code: ___________
☐ Frequent snoring without concurrent illness, ( ) sleep related breathing pauses, ( ) snorts or gasps,

Patient's BMI: ________ **(provide height and weight if not available)**

Patient's Height: ________ **Weight:** _______

Medications:
____
____

Allergies:
____
____

Past Medical History and pertinent physical exam findings:
____
____

Additional comments: ____

***Incomplete form may delay sleep study scheduling and/or sleep study authorization may be denied by the patient's insurance.**