TANNER CENTER FOR SLEEP DISORDERS

Pediatric Order Form/History and Physical

100 Professional Place, Suite 307 Carrollton, GA 30117

705 Dallas Hwy, Suite 201C Villa Rica, GA 30180

Phone 770–812–9146 Scheduling Fax 770–812–5981

PATIENT FULL NAME _____ **DATE OF BIRTH** _____

Height/Weight_____ **Parent/Guardian Name:** _____

PRIMARY CARE PHYSICIAN_____**PHONE #**_____

All of the following procedures performed on patients 5 – 18yrs and a minimum of 40lbs:

❑ Diagnostic Polysomnogram, CPT 95810 ❑ Under 6yrs CPT 95782 (Sleep Study)

❑ CPAP titration, CPT 95811 ❑ Under 6yrs CPT 95783 (Sleep Study with CPAP device for treatment)

❑ Multiple Sleep Latency Testing, CPT 95805

CLINICAL SYMPTOMS/HISTORY: Check all that apply

Diagnosis Codes: _____

❑ Excessive sleepiness ❑Restless sleep ❑ Snoring ❑ Diaphoresis

❑ Witnessed apnea ❑Enuresis ❑ ADHD disorder ❑ Cyanosis

❑ Suspect nocturnal seizures ❑Poor school performance ❑ Post/Op Respiratory event

TIME OF ONSET:

❑ New onset ❑ Several Months ❑ Years

THROAT EXAM: ❑Large uvula ❑Large tonsils ❑ Unremarkable

PAST MEDICAL HISTORY:

❑ Seizures

❑ Diabetes

❑ Asthma

❑ Cardiac disease, please be specific_____

❑ Other illness, injury or condition of which the Sleep Center Staff should be aware of (special needs, etc.)

_____

_____

Current list of Medications: _____

_____

REFERRING

PHYSICIAN/NP_____**SIGNATURE:**_____

Date/Time:_____

INTERPRETING PHYSICIAN: Dr. Jeffrey Reid Other _____

MEDICAL DIRECTOR SIGNATURE: _____

Scheduled Date: _____***Contact the sleep center at 770–812–9146 for instructions and arrival time**

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