METRO HEALTH
UNIVERSITY OF MICHIGAN HEALTH

Sleep Medicine

Request for Treatment

WE CANNOT REVIEW OR SCHEDULE A REFERRAL IF WE DO NOT HAVE THIS FORM COMPLETED AND ALL NECESSARY RECORDS.

Records must be sent if you do not have access to Metro Health Epic Ambulatory. We will need all Sleep studies and all specialty records if patient has already seen another specialist. Please allow 24-48 hours to process the referral.

All lines with an asterisk (*) MUST be filled out.

What specialty are you referring to?

☐ Sleep ☐ Pediatric Sleep

What specialist would you like your patient to be scheduled with?

☐ Dr. Daum (pulm/sleep)
☐ Dr. Ivey (sleep)
☐ Sarah VanHouten, NP (peds sleep)
- Please call for peds sleep restrictions
☐ Sherrill Busboom, PA (sleep)
☐ Cindy McNerlin, NP (sleep)
☐ Any Provider/First Available

FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED

*Last Name_____ *First Name _____ Middle Initial: _____

Sex: ☐ M ☐ F _____ *DOB: _____ SS# _____

*Address_____ City_____ Zip_____

*Preferred Phone Number ( ) _____ Alternate Phone Number ( ) _____

*Emergency Contact: _____ Relationship: _____ Phone: ( ) _____

*Insurance: _____ *Contract # _____ *Group #_____

Subscriber (if not patient): _____ Relationship: _____ DOB: _____

Please include a copy of the front and back of the Insurance card(s)

If patient is under 18 or not their own guardian:

*Legal guardian name: _____ Phone: ( ) _____ DOB: _____

*Referring Physician: _____ PCP: _____

*Phone Number: _____ Phone Number: _____

*Fax: _____ Fax: _____

*Office Contact: _____ Office Contact: _____

***Diagnosis _____ * ICD-10 _____**

*Is this a second opinion? ☐ Yes ☐ No If yes, who did patient see previously? (We will need all records from this)

_____

*Does the patient need an interpreter? ☐ Yes ☐ No If yes, what language? _____

*Medication Allergies: _____

---------- **FOR METRO HEALTH USE ONLY BELOW THIS LINE** ----------

Appointment Information

Date _____ Time _____ ☐ AM ☐ PM

with _____ Patient informed by Metro Health? ☐ Yes ☐ No

METRO HEALTH SLEEP MEDICINE

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