THE SLEEPMD

Group NPI: 1881210599
Provider NPI: 1982010203

PATIENT REFERRAL

Referral to:

Dr Omavi Bailey MD MPH

Board Certified Sleep Specialist
6960 Pitt Str | El Paso, TX 79912
Scheduling Line: (833) 327-5337
Referral Fax : (855) 448-9510
www.thesleepmd.com

Referring Provider

Referring Physican: _____

Physician Phone #: _____

Physician Fax #: _____

Patient info

Referral Date: _____

Patient Name: _____

Date of Birth: _____

Phone #: _____

Insurance Plan _____

Member ID _____

Group Number _____

Please fax medical records for all requests and include all patient demographic information and insurance card.

Medical History

- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Obesity
- ☐ COPD
- ☐ Hypothyroid
- ☐ Asthma
- ☐ Enlarged Tonsils
- ☐ Seizure Disorder
- ☐ Heart Disease
- ☐ Arrhythmia
- ☐ Heart Failure
- ☐ Stroke
- ☐ Chronic Pain
- ☐ ADHD
- ☐ Depression / Anxiety
- ☐ Dementia
- ☐ Erectile Dysfunction
- ☐ Marital Problems

Reason for Referral

- ☐ Snoring
- ☐ Insomnia
- ☐ Excessive Sleepiness
- ☐ Sleep Apnea
- ☐ Obesity
- ☐ Hypoventilation
- ☐ Weight Loss
- ☐ Sleep Walking
- ☐ Restless Leg Syndrome
- ☐ Narcolepsy
- ☐ Sleep Related Hypoxia
- ☐ Circadian Rhythm Dis.

Request for Evaluation

☐ Sleep Eval & Treat ☐ Zepbound Evaluation ☐ Insomnia Rx + SleepioRx (CBTI) ☐ Home Sleep Test

Referring Provider Attestation

☐ By checking this box, I attest that I am the patient's referring provider and that the information contained on this form is based on a face-to-face office visit. I am referring this patient for evaluation and treatment by a sleep specialist at The Sleep MD.