Atrium Health
Levine Children's

Levine Children's Sleep Medicine
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Charlotte, NC 28211
PH: 704-381-6255
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LEVINE CHILDREN'S SLEEP MEDICINE

CONSULT REQUEST FORM

Patient Name:	**DOB**:	**Age**:	**Sex**: ☐M ☐F
Parent / Caregiver's Name:			
Preferred Contact Phone #:			
Referring Provider's Name:		**Office Phone #**	
Referring Practice Name:		**Office Fax #**	

Reason(s) for the Pediatric Sleep Consult:

- ☐ Abnormal sleep study results
- ☐ At risk for OSA (eg Down Sx)
- ☐ Sleep Apnea **(G47.30)**
- ☐ Central Sleep Apnea **(G47.31)**
- ☐ Obstructive Sleep Apnea **(G47.33)**
- ☐ Hypoventilation **(G47.34)**
- ☐ Others:
- ☐ Excessive sleepiness **(R40.0)**
- ☐ Insomnia (**G47.0**)
- ☐ Hypersomnia **G47.10)**
- ☐ Narcolepsy (**G47.4**)
- ☐ Sleep related movement disorder **(G47.6)**
- ☐ Restless Leg syndrome **(G25.81)**
- ☐ Parasomnia **(G47.5)**
- ☐ Confusional arousals **(G47.51)**
- ☐ Sleepwalking (**F51.3**)
- ☐ Sleep terrors **(F51.4)**
- ☐ Nightmares (**F51.5**)
- ☐

Night-time Symptoms:

- ☐ Snoring, noisy breathing
- ☐ Snorting
- ☐ Observed apnea
- ☐ Choking/Gasping
- ☐ Cyanosis
- ☐ other _____
- ☐ Labored breathing
- ☐ Retractions
- ☐ Paradoxical breathing
- ☐ Night time cough
- ☐ Sweating
- ☐ Teeth grinding
- ☐ Bedwetting
- ☐ Restless sleep
- ☐ Sleep terrors
- ☐ Nightmares
- ☐ Sleepwalking
- ☐ Difficulty falling asleep
- ☐ Difficulty staying asleep
- ☐ Leg pain / discomfort
- ☐ Creepy crawling sensations
- ☐ Sleep paralysis

Daytime Symptoms:

- ☐ Non-refreshing sleep
- ☐ Difficulty waking up
- ☐ Excessive daytime sleepiness
- ☐ Falling asleep in class
- ☐ Fatigue / tiredness
- ☐ Poor school performance
- ☐ Poor attention span
- ☐ Hyperactivity
- ☐ Irritability
- ☐ Aggressive behavior
- ☐ Mouth breathing
- ☐ Sore throat
- ☐ Chronic nasal congestion
- ☐ Morning headaches
- ☐ Recurrent headaches
- ☐ Swallowing difficulties
- ☐ Others

Past medical / Surgical Hx:

- ☐ Adenoid / Tonsillar hypertrophy
- ☐ Autism
- ☐ ADHD
- ☐ Asthma
- ☐ Achondroplasia
- ☐ Behavioral problems
- ☐ Chronic lung disease
- ☐ Chronic respiratory failure
- ☐ Cerebral palsy
- ☐ Others
- ☐ Chiari malformations
- ☐ Central Sleep apnea
- ☐ Chromosomal d/o
- ☐ Craniofacial anomaly
- ☐ Developmental delay
- ☐ Down syndrome
- ☐ Encephalopathy
- ☐ Failure to thrive
- ☐ Genetic disorder
- ☐ Hypotonia
- ☐ Metabolic disorder
- ☐ Neuromuscular d/o
- ☐ Obesity
- ☐ Obstructive Sleep Apnea (OSA)
- ☐ Prematurity
- ☐ Prader Willi Syndrome
- ☐ Scoliosis
- ☐ Home Oxygen Rx
- ☐ Home CPAP / BLPAP Rx
- ☐ Home Ventilator Rx
- ☐ Sickle cell disease
- ☐ Seizure disorder
- ☐ S/P Tracheostomy
- ☐ S/P Tonsillectomy
- ☐ S/P Adenoidectomy

Please fax this referral form along with patient demographics, insurance information, & relevant clinical information (i.e. last office visit, labs, previous studies etc) to our office

Fax#: 704-381-6256