

Sleep Clinic, 3001 Broadmoor Blvd. NE, Rio Rancho, NM 87144
Scheduling: (505) 994-7397 **Fax:** (505) 994-7495

External Referral / Consult Request Form

Instruction: The following information will be required for review of your referral. Please submit complete packet to the fax number above and allow up to 8 days for review.

Patient Demographics & Insurance Information

- Please include patient name, address, best contact number, insurance name & policy number

Contact information for PCP and/or referring physician

- Please include address, phone and fax number

Consult Request / Referral

- What question do you need addressed by the specialist?

Recent Clinic/Progress Notes

- Last visit, including what treatments have been done for the condition or problem

Recent Diagnostic Reports (up to 3 months)

- Laboratory: TSH level, etc.
- Other: Sleep studies, Titration study / levels, CPAP download data
- Bring all CPAP equipment for eval at visit (face mask etc) *Not machine*

Current Medication List

Urgent consultation via phone. Please call (888) UNM –PALS to discuss this referral

Patient Appointment Status **For SRMC Clinic Use Only**

Appointment has been made with Dr. _____ on _____ at _____ am/pm

Not able to schedule appointment due to:

- ___ Incomplete information for referral review

Comments: