

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Pulmonary Medicine	Sleep Laboratory Referral Sheet	BMI Comorbidities: COPD? HTN? Diabetes? CAD? CHF? Current tracheostomy? Pain? Hypoventilation? CVA? COPD (What is the FEV?): CHF (What is the EF?): Other: Symptoms: Snoring, Witnessed Apnea, Leg Cramps, Waking to restroom, Dry mouth, Sleep paralysis, Pt. requires equip? Wheelchair? Walker? Assistance to Toilet? Interpreter? Uses O2 continuous? Uses O2 Pertinent Info to aid in treatment of this patient:	Medication List
SCF	SCF OB Transfer Prenatal	Reason for Transfer Indicate any labs that are NOT included and why Additional pertinent information	Prenatal Flow Sheet Prenatal History - ensure at least month and year of all deliveries, TABs, and SABs are on record and legible Ultrasound report Prenatal visits PAP Report If Previous C/S - Operative report If patient desires BTL - Consent form Lab Reports required: HGB/HCT (hemoglobin)-CBC; GC; Chlamydia; RPR; HIV; MSAFP or Quad Screen; Glucola or Immunization Records On the prenatal flow record: PPD Placement and reading; HEP B Vaccine x 3; TD Immunization Date
Sleep Studies Lab	Sleep Laboratory Referral Sheet	BMI Comorbidities: COPD? HTN? Diabetes? CAD? CHF? Current tracheostomy? Pain? Hypoventilation? CVA? COPD (What is the FEV?): CHF (What is the EF?): Other: Symptoms: Snoring, Witnessed Apnea, Leg Cramps, Waking to restroom, Dry mouth, Sleep paralysis, Pt. requires equip? Wheelchair? Walker? Assistance to Toilet? Interpreter? Uses O2 continuous? Uses O2 Pertinent Info to aid in treatment of this patient:	Medication List