



SLEEP CENTERS
OF NORTH ALABAMA

Phone: (256) 384-2408 | Fax: (256) 203-6464

REFERRAL FORM

Patient Information

Full Name: _____ Date of Birth: _____ SSN: _____

Address: _____ Phone: _____

Email Address: _____ Insurance: _____

Referring Physician: _____

Physician Phone: _____ Physician Fax: _____

Symptoms

<input type="checkbox"/> Sleep Apnea	<input type="checkbox"/> Daytime Sleepiness	<input type="checkbox"/> Hypoxia
<input type="checkbox"/> Snoring	<input type="checkbox"/> Narcolepsy	<input type="checkbox"/> Night Terrors
<input type="checkbox"/> EKG Arrhythmias	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sleep Talking/Walking
<input type="checkbox"/> Seizures	<input type="checkbox"/> Myoclonus/Restless Legs	<input type="checkbox"/> Other, please specify: _____

Please include/attach the following when sending your referrals to SCNA:

- Driver's License
- Documentation of Symptoms
- BMI
- Prior Sleep Study Reports (if available)
- Insurance Cards
- Epworth Sleepiness Score
- Neck Circumference

This referral form may be sent to our office via email at office@sleepnorthal.com or fax at 256-203-6464. Our staff will then contact the patient directly to schedule their appointment. After they complete an office visit with our sleep specialist, we will forward a copy of their consultation to your office. Sleep study reports will be sent to your office upon completion.

☐ In-Lab Sleep Test (Preferred) ☐ Home Sleep Test (Preferred if qualified)

☐ Dr. Tony McLeod - ENT/Sleep Medicine ☐ Dr. Mike Labanowski - Neurologist/Sleep Medicine

Physician's Signature: _____ Date: _____

Huntsville

1101 McMurtrie Dr NW, Suite H1
Huntsville, AL 35806

Decatur

1304 13th Ave SE, Suite E
Decatur, AL 35601



ACCREDITED
Facility Member™