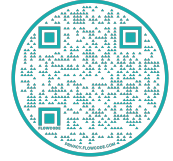


Center for Integrative Sleep Medicine

Group NPI: 1881210599
Provider NPI: 1982010203

Referral to:

Dr Omavi Bailey MD MPH
Board Certified Sleep Specialist



6960 Pitt Str | El Paso, TX 79912 (West)
2300 George Dieter Dr | El Paso, TX 79936 (East)

Scheduling Line: **(915)272-7000** | Referral Fax: **(915)272-5367**
Make appointments online at www.biorhythms.com or scan this QR code

Patient Info

Referring Provider

Date _____

Patient Name _____
Date of Birth _____
Phone # _____

Referring Physician _____
Physician Phone # _____
Physician Fax # _____

Please fax medical records for all requests. Be sure to include a copy of the patients demographer information and insurance card.

MEDICAL HISTORY

Please Select ALL that apply.

- 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

- Evaluation & Treat
- Biorhythm Program
- Pre-Op Clearance
- 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 to be evaluated and treated by a sleep specialist at The Biorhythm Institute.