



**RAJIV M. JOSEPH, M.D., Ph.D., F.A.A.N.**

NEUROLOGY & SLEEP MEDICINE

www.DallasNeurology.com • www.SleepDisordersClinic.com

7920 PRESTON RD. #100, PLANO, TX 75024  
2719 BELT LINE RD., GARLAND, TX 75044  
TEL: 972-712-4141 • FAX: 972-712-4555

## REQUEST FOR EVALUATION

Date: \_\_\_\_\_

REF. PHYSICIAN: \_\_\_\_\_ Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis/ Symptoms (Suspected): \_\_\_\_\_

### PATIENT INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

INSURANCE: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ S.S.# \_\_\_\_\_ DOB: \_\_\_\_\_

PLEASE INDICATE BELOW THE KIND OF SERVICE REQUIRED (and fax to 972-495-0624):

**I. SLEEP STUDIES:** Interpretation: ( ) *Dr. Joseph* ( ) *Referring Physician*

- ( ) Consultation with Dr Joseph, appropriate sleep studies and treatment
- ( ) Sleep study on the first night, and CPAP titration on a subsequent night (if necessary)
- ( ) Sleep study only
- ( ) CPAP titration only
- ( ) Multiple Sleep Latency Test (MSLT)
- ( ) Maintenance of Wakefulness Test (MWT)

**II. EMG/NCS STUDIES:** ( ) UPPER LIMBS ( ) LOWER LIMBS

**III. NEUROLOGY CONSULT:** ( ) YES ( ) NO

**TO HELP SERVE YOU BETTER, KINDLY INCLUDE THE FOLLOWING:**

- 1. LIST OF MEDICATIONS AND ALLERGIES**
- 2. RECENT PROGRESS NOTES**
- 3. INSURANCE INFORMATION AND CARD**

Referring Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_