EAST TENNESSEE Children's Hospital

**Children's Sleep Medicine Center**
**Ehabijjn Mansoor, M.D.**
1025 Children's Way, Knoxville, TN 37922
Tel.: 865-541-8478 • Fax: 865-769-7959
sleep@etch.com

# Request for Consultation for Sleep Clinic

**Call 865-541-8478 or fax this form to 865-769-7959 to make an appointment.**

Referring Physician / Provider: _____

Address: _____

City:_____ State:_____ ZIP: _____

Phone: _____ Fax: _____

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Primary Care Provider (if different from above): _____

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Patient Name:_____ DOB:_____ ☐ Male ☐ Female

Address: _____

City:_____ State:_____ ZIP: _____

Parent/Guardian:_____ Email: _____

Phone (cell): _____ (home): _____

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Insurance: _____ ID#: _____

Subscriber:_____ DOB: _____

Employer:_____ Phone: _____

* Please attach a copy of the insurance card and insurance referral if required*

* Reason for consult: _____

- Any neurological delays? ☐ Yes ☐ No
- At this time, is patient on: ☐ Oxygen ☐ CPAP ☐ APNEA Monitor

*Please attach an office note copy.

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*** * * * * * FOR CHILDREN'S SLEEP MEDICINE OFFICE USE ONLY * * * * * ***

Appointment date and time:_____

Appointment Scheduled by: _____