

Whitney Sleep Center

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Plymouth, MN 55441
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F (763)519-0636

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Burnsville, MN 55337
P (952)431-5011
F (952)431-5013

www.whitneysleepcenter.com

Date: _____

Patient Name: _____

DOB: _____

Daytime Phone Number: _____

Primary Insurance Carrier: _____

Referring Clinic: Phone: _____ Fax: _____

Referring Provider Name: _____

Referring Clinic: _____

Chief Complaint for Referral: _____

Is the patient a danger to him/herself or to others due to excessive daytime
somnolence (i.e. driving)? **YES** **NO**

Please include any physician notes if available.