

Date: [Date]

To: [Referring Physician Name]

Address: [Referring Clinic Address]

Fax/Phone: [Referring Contact Info]

RE: Consultation Report

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider]

Dear Dr. [Last Name],

Thank you for referring [Patient Name] for a comprehensive pulmonary sleep evaluation. The patient was seen on [Consultation Date] to evaluate for [Primary Complaint, e.g., Obstructive Sleep Apnea, Narcolepsy, or Restless Leg Syndrome].

History of Present Illness

[Patient Name] reports symptoms including [List symptoms: e.g., loud snoring, witnessed gasping, excessive daytime sleepiness, morning headaches, or unrefreshing sleep]. Epworth Sleepiness Scale score is [Score]/24.

Medical & Social History

- **Pertinent History:** [e.g., Hypertension, BMI, COPD, CHF]
- **Medications:** [Current Medications]
- **Tobacco/Alcohol:** [Usage details]

Physical Examination

BMI: [Value]

Neck Circumference: [Value] cm

Mallampati Score: [Class I-IV]

Cardiopulmonary: [Normal/Abnormal findings]

Assessment and Differential Diagnosis

The clinical presentation is highly suggestive of [Suspected Diagnosis, e.g., Moderate to Severe Obstructive Sleep Apnea]. Differential diagnoses include [Differential 1] and [Differential 2].

Diagnostic and Treatment Plan

1. **Diagnostic Study:** Ordered [In-Lab Polysomnography (PSG) OR Home Sleep Apnea Test (HSAT)].
2. **Potential Intervention:** Pending study results, may initiate CPAP/BiPAP therapy, oral appliance, or positional therapy.
3. **Lifestyle Modifications:** Advised on weight loss, sleep hygiene, and avoidance of alcohol/sedatives prior to bedtime.
4. **Follow-up:** The patient will return for a results review and mask fitting following the completion of the study.

I will keep you informed of the diagnostic findings and subsequent management steps. Please do not hesitate to contact our office if you have any questions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Department of Pulmonology & Sleep Medicine]

[Clinic Name]