Insomnia Consultation Scheduling
Phone: 952-567-7412
Fax: 952-345-4508

MINNESOTA SLEEP INSTITUTE

Insomnia Consult Request Form

Patient Information

Name: _____ Birthdate: _____

Address _____ Sex: ☐ Male ☐ Female

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Primary Insurance Carrier: _____

Secondary Insurance Carrier: _____

Reason for Referral

☐ Medication Management

☐ Behavorial Insomnia Treatment

☐ Both

Clinic Information

Referring Clinic: _____

Referring Provider: _____ Contact Person: _____

Office Phone: _____ Office Fax: _____

Provider Signature _____ Date: _____