

Awake in Philly

Community Education Group

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Choosing Only the Best

Finding the Physician That's Right for You!

Selecting a new primary care physician or a specialist is just one more thing to add to the stress and complications of everyday life. When selecting a physician, remember that you are hiring that person to take care of your health. You have a right to basic information about the physician. In fact, you have just as much right to basic information as the physician has in deciding to not accept you as a patient. Because it's your health that's at stake, selecting a qualified physician is crucial -- especially when you suffer from sleep apnea -- or any other malady, in fact.

When looking for a doctor to treat sleep apnea or other sleep disorders, it's best to seek out the best. Board-certified sleep specialists have received specialized training in diagnosing and treating sleep disorders.

There is about a two-hour session on sleep disorders taught during medical school, so most doctors really aren't trained how to effectively deal with sleep apnea or other sleep disorders. As with anything in life, there are exceptions. Some internists and other physicians have recently taken educational courses to learn more about OSA.

The first step in dealing with sleep disorders is to discuss any problems with your primary care physician. Please note that some people should seek further help. It's generally best that people with any of the problems discussed below follow-up with a Board-certified Sleep specialist:

- Anyone who is constantly sleepy or fatigued, or who finds a night of sleep anything less than refreshing.
- Anyone who snores on a regular basis.
- Anyone who regularly stops breathing during sleep for more than a few seconds. Breathing cessation a few times per night, for a few seconds, is considered normal.
- Anyone who's been diagnosed with OSA, but has not seen a sleep specialist in at least one year.

For a listing of board-certified sleep specialists, visit the American Board of Sleep Medicine's directory, which can be accessed at <http://www.absm.org/Diplomates/listing.htm>.

For a listing of accredited sleep labs, by state, visit the American Academy of Sleep Medicine's directory, which can be accessed at <http://www.aasmnet.org/Listing.htm>.

Follow-up studies each year are highly recommended for anyone with sleep disorders because aging and weight changes can affect your treatment options. If you've gained or lost 30 pounds or more, you should also consult with a board-certified sleep specialist about your need for a new sleep study.

To help alleviate some of the strain of finding a doctor that's right for you, *Awake in Philly* has developed this form.

The form may printed from this page in your browser, or a [PDF](#) version of the file may be downloaded from http://www.scoop0901.net/AWAKE/Support/md_eval.pdf. The file was saved in the *.pdf format because Adobe Portable Document Format (PDF) is the open "de facto" standard

Physician Evaluation Form

for electronic document distribution worldwide. Adobe PDF is a universal file format that preserves all the fonts, formatting, graphics, and color of any source document, regardless of the application and platform used to create it. Adobe PDF files are compact and can be shared, viewed, navigated, and printed exactly as intended by anyone with free Adobe Acrobat® Reader® software. Adobe® Acrobat® Reader® is free software that allows you view and print Adobe Portable Document Format (PDF) files. If you don't have it on your computer, it is available for free download at <http://www.adobe.com/products/acrobat/readstep2.html>.

Once you have a copy of this form, either a printed version or an electronic version, you can fax it, snail mail, or email it to any and all physicians that you are considering. Be sure you keep a list of the physicians to whom you send the form. As the forms are being returned, check off the physician from your master list, showing that physician replied to you. If you don't hear back from a physician within a day or two, call the office and ask if the form is going to be returned to you in the near future.

When you fax or mail the form, be certain to include your name, address, phone number, and fax number on the form in the upper section of the form, as shown below:

Return Mailing Address:

Your Name Goes

1313 Mockingbird Lane

Transylvania, NJ 08162

Day (609) 555-5478 Evening (609) 555-3285

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===== **END OF INSTRUCTIONS** =====

===== **ALL PAGES AFTER THIS MAY BE FAXED** =====

===== **OR MAILED TO PHYSICIANS YOU ARE CONSIDERING** =====

===== **TO TREAT YOU MEDICALLY** =====

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New Physician Consideration Form

Return Mailing Address:

Day (____) ____ - ____ Evening (____) ____ - ____

_____, 200__

_____, M.D./D.O.

Dear Dr. _____:

I'm using this form to aid me in my search for a treating physician in this area. I've been diagnosed with a sleeping disorder and am seeking a physician who has a basic understanding, at the very least, of sleep disorders. To that end, I'd like for you to complete this form and return it to me as soon as possible, as I would like to consider you along with other area physicians.

This form is akin to the patient information form required of new patients. The reason for the form is so I may adequately screen physicians whom I would most like to have as my physician. I don't want to waste my time, and with the cost of office visits today, I also don't want to waste my money visiting once with different physicians, only to find out after the first visit or two that we have conflicting thoughts on issues that are important to me.

Should you have any questions regarding this form, feel free to contact me at my home/work telephone number after ____ a.m./p.m. The number is (____) ____ - ____.

Your time and consideration is appreciated.

Sincerely,

Doctor's Educational Background

Medical School: _____

Residency: _____

Year Graduated: _____ Degree(s): _____

Doctor's Licensing, Certifications

Licensed in state(s): _____ Licensed since: _____

Was there ever any lapse in licensing? Yes ___ No ___

Why: _____

Board certified in: _____

Doctor's Affiliations

Clinics/ Hospitals At Which You Have Privileges:

Insurances Accepted By Your Practice:

Labs Used for Routine Studies:

Sleep Labs:

Doctor's Practice

Approximately how many patients do you have? _____

Approximately how many patients have you referred for sleep studies? _____

Approximately how many patients are using CPAP or Bi-level therapy? _____

Approximately how many days in advance do I need to schedule an appointment to see you? _____

Does your practice have early morning hours? _____

Does your practice have evening hours? _____

Does your practice have weekend hours? _____

The next section is for your thoughts on several issues that may or may not be appropriate for me, and may not pertain to me, but I'd like to get your opinion on these issues, as well. There's also a section where you may add any extra comments you feel appropriate.
