

# FAXSHEET

Date: 11/14/2025 04:03:29 AM  
To: Sleep Metrics,  
Subject: Referrals  
Fax Number: (888)503-3693  
To Company:  
From Name: Erickson,Michelle  
From Company: G Street Springfield  
From Facility: G Street Springfield  
Support Contact: 541-735-9420  
Number of Pages(s): 13

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COLTER, Jason DOB: May 30, 1994 (31 yo M) Acc No. 50023

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023

**REFERRAL**

ADINA H HENDERSON, NP

Jason Colter

Family Practice

05/30/1994

**G Street Springfield**

1435 G ST , SPRINGFIELD, OR-97477-4113

Tel: 541-735-9420 Fax: 541-747-9870

**Reason For Referral:**

**Authorization No:**

Reason: home sleep study

**Authorization Type:**

Diagnosis: R29.818 - Suspected sleep apnea  
R06.83 - Snoring

E/M Codes:

Procedures:

Visits Allowed: 0

Unit Type: V (VISIT)

Start Date: 07/30/2025

End Date: 07/30/2026

Priority: Routine

**General Notes:**

Magill, Deandra 07/31/2025 11:09:21 AM > Referral form for Sleep Metrics has been filled out and provided to Adina H. for completion.

**Clinical Notes:**

Magill, Deandra 08/08/2025 03:31:07 PM > Referral has been sent to Sleep Metrics. Fax: 888-503-3693. Bernal, Anilyn 08/11/2025 03:52:28 PM > Notification from Sleep Metrics the they have received this referral

Provider NPI: 1063150704

Electronically signed by ADINA H HENDERSON, NP on 11/14/2025 at 04:02 PM PST

## Patient Summary for Colter, Jason, 31 Y, male DOB:05/30/1994

**Colter, Jason**

87633 Oak Island Dr, VENETA, OR, US 97487

**Previous Name:****Advance Directive:****DOB:** 05/30/1994 **Age:** 31 Y **Sex:** male **Birth****Primary Insurance:** Blue Cross of OR  
**PCP:** ADINA H HENDERSON**Sex:** Male**Account Number:** 50023**Gender Identity:** Male**Race:** White**Home:** 541-430-3034**Ethnicity:** Not Hispanic or Latino**Work:****Preferred Language:** English**Cell:** 541-430-3034**Email:** jasoncolter308@gmail.com**Care Team:**

- Providers: ADINA HENDERSON H Phone:541-735-9420 Facility: G Street Springfield 1435 G ST SPRINGFIELD, OR 97477-4113

**Allergies****Substance:** N.K.D.A. **Status:** Active.**Medical History****Problem List**

<b>Onset Date</b>	<b>Code</b>	<b>Name</b>	<b>Specify</b>	<b>Notes</b>	<b>Added On</b>	<b>Modified On</b>	<b>Modified By</b>
	E78.2	Mixed hyperlipidemia			08/05/2025	08/05/2025	PATTERSON, KARRIE A
		<b>W/U Status:</b> confirmed					
	R06.83	Snoring			07/30/2025	07/30/2025	HENDERSON, ADINA H
		<b>W/U Status:</b> confirmed					
	R29.818	Suspected sleep apnea			07/30/2025	07/30/2025	HENDERSON, ADINA H
		<b>W/U Status:</b> confirmed					

**Past Medical History**

Indigestion

**Surgical History**

<b>Date</b>	<b>Reason</b>
	Left ankle surgery

**Hospitalization**

<b>Date</b>	<b>Reason</b>
	Left ankle surgery

**Social History**

<b>Name</b>	<b>Value</b>
Tobacco Control (Standard)	Tobacco use:: Nonsmoker , Additional Findings: Tobacco user: User of moist powdered tobacco
Caffeine:	more than 4 cups per day
Marital status:	Married
Occupation:	Forester
Living with:	Wife and kids
Housing	Stable home Yes
Food	Stable food source Yes
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	No transportation issues Yes
Employment Status	Employed Yes
Is English your primary language?	Is English your primary language? Yes

**Patient Summary for Colter, Jason, 31 Y, male DOB:05/30/1994**

Veteran Status	Are you a veteran? No
What is the highest level of education you completed?	4 year college degree or more Yes
Do you use recreational and/or illicit substances?	Do you use recreational and/or illicit substances? No
Have you used drugs other than those for medical reasons in the past 12 months?	Patient Response No
Are you currently using drugs?	Patient Response No
Are you in a treatment program?	Patient Response No
Have you ever injected drugs?	Patient Response No
Is there a minor ( 18 years or younger) at risk at home?	Patient Response No
AUDIT-C (Standard)	Did you have a drink containing alcohol in the past year?: Yes, How often did you have a drink containing alcohol in the past year?: Daily or almost daily (4 points), How many drinks did you have on a typical day when you were drinking in the past year?: Declined to specify (0 point), How often did you have six or more drinks on one occasion in the past year?: Declined to specify (0 point), Points: 4, Interpretation: Positive

**Family History****Relation : Description**

Father: alive 63 yrs, diagnosed with Hypertension, unspecified type, Heart disease, Cerebrovascular accident (CVA), unspecified mechanism, Mixed hyperlipidemia

Mother: alive 67 yrs

Siblings: alive

Son(s): alive

Daughter(s): alive

**Immunizations**

Name	Date	Dosage
DTaP (VFC)	1999-02-16	
DTP (DO NOT USE)	1995-10-02	
DTP (DO NOT USE)	1994-12-14	
DTP (DO NOT USE)	1994-09-26	
DTP (DO NOT USE)	1994-07-25	
Hep B, peds/adol, 3 dose (VFC)	1999-07-26	
Hep B, peds/adol, 3 dose (VFC)	1999-03-17	
Hep B, peds/adol, 3 dose (VFC)	1999-02-16	
MMR (VFC)	1999-02-16	
MMR (VFC)	1995-10-02	
Varicella (VFC)	2006-10-17	
Varicella (VFC)	1996-01-16	
Hep A, ped/adol, 2 dose (VFC)	2007-05-11	
Hep A, ped/adol, 2 dose (VFC)	2006-10-17	
OPV (DO NOT USE)	1999-02-16	
OPV (DO NOT USE)	1995-10-02	
OPV (DO NOT USE)	1994-09-26	
OPV (DO NOT USE)	1994-07-25	
Tdap (VFC)	2014-08-03	0.5 mL
Tdap (VFC)	2006-10-17	
Meningococcal MCV4O (CVX 114) DO NOT USE	2011-09-07	
Meningococcal MCV4O (CVX 114) DO NOT USE	2006-12-28	
Hib, unspecified formulation (do not use)	1995-10-02	
Hib, unspecified formulation (do not use)	1994-12-14	
Hib, unspecified formulation (do not use)	1994-09-25	
Hib, unspecified formulation (do not use)	1994-07-25	

**Vitals**

Name	Date	Value
Temp	07/30/2025	97.2
BP	07/30/2025	146/90
HR	07/30/2025	98
RR	07/30/2025	16
Ht	07/30/2025	76

## Patient Summary for Colter, Jason, 31 Y, male DOB:05/30/1994

Wt	07/30/2025	294.0
BMI	07/30/2025	35.78
Oxygen sat %	07/30/2025	98
Pain scale	07/30/2025	0

## Patient Encounters

Date	Time	Provider	Facility	Reason	Diagnosis
11/14/2025	12:28 PM		G Street Springfield	resend CPAP order	
11/10/2025	02:56 PM		G Street Springfield	Email from patient	
11/10/2025	10:39 AM		G Street Springfield	Sleep metrics referral	
10/15/2025	03:15 PM		G Street Springfield	Sleep study results *10/29	
08/05/2025	01:14 PM		G Street Springfield	UPDATE_lab results *8/6	Z13.0– Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism  Z13.220– Encounter for screening for lipoid disorders  Z00.01– Annual visit for general adult medical examination with abnormal findings  E78.2– Mixed hyperlipidemia
08/04/2025	10:30 AM	Veneta Nursing Schedule	G Street Veneta	fasting labs	Z13.0– Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism  Z13.220– Encounter for screening for lipoid disorders  Z00.01– Annual visit for general adult medical examination with abnormal findings
07/30/2025	04:00 PM	HENDERSON, ADINA, FNP	G Street Veneta	NP CPX	R06.83– Snoring <b>SNOMED:</b> 72863001  Z00.01– Annual visit for general adult medical examination with abnormal findings  R29.818– Suspected sleep apnea <b>SNOMED:</b> 394966004  Z13.89– Encounter for screening for other disorder  Z68.35– Body mass index [BMI] 35.0-35.9, adult <b>SNOMED:</b> 162864005  Z13.0– Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism  Z13.220– Encounter for screening for lipoid disorders  Z13.228– Encounter for screening for other metabolic disorders  Z82.49– Family history of heart attack <b>SNOMED:</b> 266897007

## Health Maintenance

## Practice Configured

Name	Last Done	Frequency	Due Date	Status	Notes
Diabetic Eye Exam		1Y	11/14/2025	Noncompliant	
Diabetic Foot Exam		1Y	11/14/2025	Noncompliant	
Tetanus		10Y	11/14/2025	Noncompliant	
Tetanus and Pertussi	08/03/2014(R)	50Y	08/03/2064	Compliant	

## Referrals

Outgoing Referrals				
Referral From	Referral To	Start Date	End Date	Reason
ADINA H HENDERSON	Sleep Metrics	07/30/2025	07/30/2026	home sleep study

COLTER, Jason DOB: May 30, 1994 (31 yo M) Acc No. 50023

Patient Summary for Colter, Jason, 31 Y, male DOB:05/30/1994

**p** - pending approval

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023 DOS: 07/30/2025



**COLTER, Jason**  
 31 Y old Male, DOB: 05/30/1994  
 Account Number: 50023  
 87693 Oak Island Dr, VENETA, OR 97487  
 Home: 541-430-3034  
 Guarantor: Colter, Jason Insurance: Blue Cross of OR  
 Referring: ADINA H HENDERSON  
 Appointment Facility: Veneta

07/30/2025  
 Check In: 04:00 PM PST Check Out: 04:40 PM PST

ADINA H HENDERSON, NP

**Reason for Appointment**

- 1. NP CPX

**History of Present Illness**Constitutional:

Jason is a pleasant 31 year male that presents today to establish care. Jason works for Georgia Pacific. Two boys 5 & 3 and daughter is on the way. Enjoys hiking, camping, hunting, and fishing. Part of church group.

## Sleep apnea concerns

Reports being a loud snorer, which has worsened over time. Experiences significant fatigue, which has increased with weight gain. Weight increased from 250 lbs last year to 295 lbs. Attributes part of the weight gain to excessive alcohol consumption, although takes breaks from drinking, such as abstaining for all of January and February last year and for four months the year before. Consumes large amounts of caffeine to combat fatigue, including two cups of coffee in the morning, an energy drink at lunch, and another cup of coffee in the afternoon. Wife has expressed concern over snoring, leading to sleeping on the couch. Has tried using a Snore Guard from Walmart, which helps for about two hours but is uncomfortable and falls out. Interested in addressing sleep apnea due to its impact on caffeine and alcohol consumption. Family history of alcoholism is a concern.

Depression Screening:

- PHQ-9

Little interest or pleasure in doing things *Not at all*  
 Feeling down, depressed, or hopeless *Not at all*  
 Trouble falling or staying asleep, or sleeping too much *Nearly every day*  
 Feeling tired or having little energy *Nearly every day*  
 Poor appetite or overeating *Several days*  
 Feeling bad about yourself or that you are a failure, or have let yourself or your family down *Not at all*  
 Trouble concentrating on things, such as reading the newspaper or watching television *Not at all*  
 Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you have been moving around a lot more than usual *Not at all*  
 Thoughts that you would be better off dead or of hurting yourself in some way *Not at all*  
 Total Score 7

Interpretation *Mild Depression*

- GAD-7

Feeling nervous, anxious or on edge *Not at all = 0*  
 Not being able to stop or control worrying *Not at all = 0*  
 Worrying to much about different things *Not at all = 0*  
 Trouble Relaxing *Not at all = 0*  
 Being so restless that it is hard to sit still *Not at all = 0*  
 Becoming easily annoyed or irritable *Not at all = 0*  
 Feeling afraid as if something awful might happen *Not at all = 0*  
 Final Scoring (for office use) 0  
 If you check off any problems, how difficult have these problems made it for your to work, take care of things at home, or get along with people? *Not at all*

**Current Medications**

None

**Past Medical History**

- Indigestion.

**Surgical History**

- Left ankle surgery

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023 DOS: 07/30/2025

**Family History**

- Father: alive 63 yrs, diagnosed with Mixed hyperlipidemia, Hypertension, unspecified type, Heart disease, Cerebrovascular accident (CVA), unspecified mechanism
- Mother: alive 67 yrs
- Siblings: alive
- Son(s): alive
- Daughter(s): alive

**Social History**Tobacco Use:

- Tobacco Control (Standard)
  - Tobacco use: *Nonsmoker*
  - Additional Findings: Tobacco user *User of moist powdered tobacco*

SDOH:

- Housing
  - Stable home Yes
- Food
  - Stable food source Yes
- In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
  - No transportation issues Yes
- Employment Status
  - Employed Yes
- Is English your primary language?
  - Is English your primary language? Yes
- Veteran Status
  - Are you a veteran? No
- What is the highest level of education you completed?
  - 4 year college degree or more Yes
- Do you use recreational and/or illicit substances?
  - Do you use recreational and/or illicit substances? No

Drug Abuse History ( DAST):

- Have you used drugs other than those for medical reasons in the past 12 months?
  - Patient Response No
- Are you currently using drugs?
  - Patient Response No
- Are you in a treatment program?
  - Patient Response No
- Have you ever injected drugs?
  - Patient Response No
- Is there a minor ( 18 years or younger) at risk at home?
  - Patient Response No

Miscellaneous:

- Caffeine: more than 4 cups per day.
- Marital status: Married.
- Occupation: Forester.
- Living with: Wife and kids.

Drug/Aleohol:

- AUDIT-C (Standard)
  - Did you have a drink containing alcohol in the past year? Yes
  - How often did you have a drink containing alcohol in the past year? *Daily or almost daily (4 points)*
  - How many drinks did you have on a typical day when you were drinking in the past year? *Declined to specify (0 point)*
  - How often did you have six or more drinks on one occasion in the past year? *Declined to specify (0 point)*
  - Points 4
  - Interpretation *Positive*

**Allergies**

- N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

- Left ankle surgery

**Vital Signs**

Ht: 76 in, Wt: **294.0** lbs, BMI: **35.78** Index, HR: **98** /min, Oxygen sat %: **98** %, Temp: **97.2** F, BP: **146/90** mm Hg, Pain scale: **0** 1-10, RR: **16**.

**Examination**

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023 DOS: 07/30/2025

General Examination:

- GENERAL APPEARANCE: Pleasant, grossly alert and oriented, well-developed well-nourished.
- HEAD: normocephalic, atraumatic.
- EYES: EOMI. PERRLA.
- EARS: bilaterally- tympanic membrane intact, clear, light reflex present, Without rash, external auditory canal patent, visible cone of light, no bulging, erythema or exudate.
- NOSE: nares patent, no lesions, No septal deviation, turbinates not enlarged.
- ORAL CAVITY: Well hydrated Normal Dentition without obvious carries, oropharynx without erythema or exudate, tonsils not enlarged , mucosa moist, no lesions, tongue in midline.
- THROAT: no erythema, no exudate, uvula midline.
- NECK/THYROID: neck supple, full range of motion , no thyromegaly , no lymphadenopathy , no thyroid nodules, soft mobile lump on R side of neck.
- SKIN: Well hydrated, well perfused, no obvious rashes or concerning lesions on exposed skin. Nails normal.
- BACK: Normal cervical, thoracic and lumbar curvature .
- HEART: no murmurs, regular rate and rhythm, S1, S2 .
- LUNGS: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi .
- CHEST: normal anteroposterior (AP) diameter, normal shape and expansion.
- ABDOMEN: bowel sounds present , no guarding or rigidity , no hepatosplenomegaly , no masses palpable , no hernias present , no rebound tenderness , soft, nontender, nondistended.
- MUSCULOSKELETAL: no swelling or deformity.
- EXTREMITIES: no edema .
- NEUROLOGICAL: cranial nerves 2-12 grossly intact, gait steady.
- PSYCH: alert, oriented, good eye contact, mood/affect full range .

Assessments

1. Annual visit for general adult medical examination with abnormal findings - Z00.01 (Primary)
2. Snoring - R06.83
3. Suspected sleep apnea - R29.818
4. Encounter for screening for other disorder - Z13.89
5. Body mass index [BMI] 35.0-35.9, adult - Z68.35
6. Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism - Z13.0
7. Encounter for screening for lipoid disorders - Z13.220
8. Encounter for screening for other metabolic disorders - Z13.228
9. Family history of heart attack - Z82.49

am

Treatment**1. Snoring**

Referral To:Sleep Medicine  
Reason:home sleep study

**2. Suspected sleep apnea**

Clinical Notes:

Sleep apnea:

- Loud snoring and fatigue suggestive of sleep apnea. Neck circumference of 45 cm increases risk.
- STOP BANG 6, high risk.
- Referral for a home polysomnography. If results indicate, a CPAP machine will be ordered. Patient consented to the home polysomnography.

Referral To:Sleep Medicine  
Reason:home sleep study

**3. Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism**LAB: CBC (INCLUDES DIFF/PLT)**4. Encounter for screening for lipoid disorders**LAB: LIPID PANEL, STANDARD**5. Encounter for screening for other metabolic disorders**

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023 DOS: 07/30/2025

LAB: COMPREHENSIVE METABOLIC PANEL

**6. Family history of heart attack**

Clinical Notes: Family history includes father who had a stroke at 58 and is now blind in one eye, grandfather who died of a heart attack at 62, and maternal grandfather who died of a heart aneurysm at 62.

**7. Others**

Notes: Complete physical exam within normal limits with the exception of what is noted below. Overall doing well.

Clinical Notes: This note was transcribed using Dragon Speech Recognition software. As a result, there may be grammatical and spelling errors that are unintended. Every attempt is made to have correct dictation. If there are any questions or major errors, please contact our office

Ambient listening and electronic dictation may have been used today if consent was given.

**Preventive Medicine**

MEN'S PREVENTIVE WELLNESS PLAN:

- Complete physical:  
Date of last CPX: DUE 07/30/2025
- BMI, Height, and Weight:  
My BMI, height, and weight were taken on: DUE 07/30/2025
- Blood Pressure:  
My blood pressure was last taken on: DUE 07/30/2025
- Alcohol Misuse Screening:  
Screening for alcohol misuse was last done on: DUE 07/30/2025

SCREENINGS:

- Depression screening:  
Date of most recent screening: DUE 07/30/2025
- Tobacco use screening:  
Date of Last Screening DUE 07/30/2025
- Vaccinations:  
Last influenza vaccination date: DUE 2025 FLU SEASON  
Last TD date: 08/03/2014

**Procedure Codes**

- 1160F RVW MEDS BY RX/DR IN RCRD
- 96127 BRIEF EMOTIONAL/BEHAV ASSMT, Units: 5.00
- 1000F TOBACCO USE, SMOKING, ASSESS
- 1220F PT SCREENED FOR DEPRESSION
- 3016F PT SCRND UNHLTHY OH USE
- 1036F TOBACCO NON-USER

**Follow Up**

1 Year,prn

**Care Plan Details**

*active*

Electronically signed by ADINA HENDERSON , FNP on 07/31/2023 at 03:17 PM PDT

Sign off status: Completed

COLTER, Jason DOB: 05/30/1994 (31 yo M) Acc No. 50023 DOS: 07/30/2025

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Veneta  
87983 TERRITORIAL RD  
VENETA, OR 97487-8775  
Tel: 541-935-6922  
Fax: (541) 747-9870

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**Progress Note: ADINA H HENDERSON, NP 07/30/2025**

Note generated by eInvoicing's EMR PM Software ([www.eInvoicing.com](http://www.eInvoicing.com))

Generated for Printing/Faxing/eTransmitting on: 11/14/2025 04:02 PM PST

AH



Sleep well. Be well.

**HST PRESCRIPTION**

COMPLETE AND FAX ORDER TO: (503) 274-0033

Please include: (1) A front/back copy of patient's insurance card (2) Sleep questionnaire results if available (3) Chart notes relating to OSA concerns

**1. PATIENT INFORMATION**Name: Jason ColterDOB: 5/30/94Sex: M / FAddress: 87633 Oak Island Dr.Height: 76 in.City: VenetaState: ORZip: 97487Weight: 294 lbsC: 541-430-3034Alt. C: NANeck Circ: \_\_\_\_\_

Is the patient:

Has the patient:

Currently on CPAP? Y / N

Taken a sleep study before? Y / N

Currently on Oxygen? Y / N

**A COPY (FRONT AND BACK) OF INSURANCE CARD IS REQUIRED WITH THIS FORM\***

(Check One): \*\*Unless otherwise indicated, all tests will be conducted over 2 nights to validate results

 **Diagnostic Home Sleep Test**

- Home Sleep Test on PAP Therapy
- Home Sleep Test on Oral Appliance (to test efficacy of mandibular device)
- Home Sleep Test (other indications): \_\_\_\_\_

OSA ICD-10 CODES (Check all that apply):

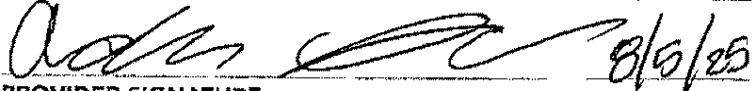
- E66.01 Morbid Obesity
- G47.10 Hypersomnia, Unspecified
- G47.33 Obstructive Sleep Apnea
- G47.30 UNSPECIFIED SLEEP APNEA
- R09.02 Hypoxemia

 Other Code: R29.818, R06.83Title: Suspected sleep Apnea, snoring

Additional Instructions:

**3. PROVIDER INFORMATION**

**Letter of Medical Necessity:**  
 I, the undersigned certify  
 that the above prescribed  
 Home Sleep Test is medically  
 necessary as part of my  
 medical treatment for this  
 patient. It is my opinion  
 that the study ordered  
 on this form is reasonable  
 & necessary for accepted  
 standards of medical practice  
 and treatment of this  
 patient's condition.

Name: G Street Integrated HealthAddress: 1435 G StreetCity: Springfield State: OR Zip: 97477Phone: 541-735-9420 Fax: 541-747-9870NPI: 1063150704
  
8/6/20  
 Date

PROVIDER SIGNATURE

**4. SEND WITH INSURANCE AND CHART NOTES TO (503) 274-0033:**