

PATIENT INFORMATION

Name _____ Home Phone _____ DOB _____
 Street Address _____ Work/Cell Phone _____ M/F _____
 City, State, Zip _____ Email Address _____
 Insurance _____ Insurance ID # _____
 Subscriber _____ Medical Record # _____

PATIENT IS BEING REFERRED FOR (check only ONE from this section)

Sleep Study, Evaluation and Treatment

- Consultation and Management**
→ Visit with a sleep specialist to evaluate and treat patient.
- Sleep Study and Treatment**
→ Includes sleep study (split night sleep study – first part diagnostic, second part CPAP titration if criteria met), post study consult and PAP therapy initiation (if indicated).
- Home Sleep Study and Treatment**
→ Adult only, appropriate insurance required. Includes sleep study, post study consult and PAP therapy initiation (if indicated).
→ Checking this option means patient has met following criteria:
 - ✓ Patient has high probability of moderate-to-severe OSA*
 - ✓ Patient has no significant co-morbid medical conditions (mod-sev pulm disease, neuromuscular disease or heart failure)
 - ✓ Patient has no other sleep disorder
 - ✓ Patient is able to cooperate in the self-application and removal of electrodes and is able to return equipment after test

Sleep Study Only (Results sent to referring physician for further management.)

- Diagnostic Sleep Study**
→ Full night polysomnography (PSG).
- Split Night Sleep Study**
→ Full night sleep study. First part diagnostic, second part CPAP titration if criteria met.
- PAP or Bi-level PAP Titration (circle one)**
→ Full night titration for patients with documented sleep apnea.
- Diagnostic Sleep Study and Multiple Sleep Latency Test (MSLT)**
→ Daytime nap test following a full night diagnostic PSG study to diagnose narcolepsy or excessive sleepiness.
- Home Sleep Study**
→ Adult only, appropriate insurance required.
→ Checking this option means patient has met following criteria:
 - ✓ Patient has high probability of moderate-to-severe OSA*
 - ✓ Patient has no significant co-morbid medical conditions (mod-sev pulm disease, neuromuscular disease or heart failure)
 - ✓ Patient has no other sleep disorder
 - ✓ Patient is able to cooperate in the self-application and removal of electrodes and is able to return equipment after test

Therapy Only

- CPAP Therapy Program**
→ Visit with a CPAP therapist for evaluation and training, initiation of therapy, mask fitting, compliance management or equipment assessment.

MEDICAL HISTORY (a recent history and physical examination is required)

Suspected Disorder(s)

- Obstructive sleep apnea (OSA)
- Narcolepsy
- Nocturnal seizures/parasomnias
- Insomnia
- Restless legs syndrome (RLS) or periodic limb movements of sleep (PLMS)

Primary Symptoms

- Snoring/gasping/choking
- Witnessed apneas
- Obese/large neck
- Daytime sleepiness
- Difficulty falling asleep
- Fragmented sleep
- Frequent leg movements during sleep

Special Needs

- Nocturnal O2 (level: _____)
- Interpreter (language: _____)
- Wheelchair
- Currently using PAP (pressure: _____ cm)
- Other _____

Medications and/or comments: _____

PHYSICIAN INFORMATION

Referring Physician

Name _____
 Street Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email Address _____

Primary Care Physician Same as Referring Physician Yes No

Name _____
 Street Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Email Address _____

 **Physician's Signature** _____ **Date** _____

Indications of a high pre-test probability of moderate to severe OSA:

- ▶ **BMI >33**

OR (two or more indications from the below list)

- ▶ **OSA Features:** Loud snoring, witnessed apneas during sleep, choking or gasping during sleep, frequent unexplained arousals from sleep
- ▶ **Presence of Sleepiness:** Excessive daytime sleepiness, including drowsy driving, non-restorative sleep, Epworth Sleepiness Scale ≥ 10
- ▶ **Physical Exam Results:** Obesity (BMI >30), neck circumference >17 inches in males, >16 inches in females, modified mallampati score ≥ 3 , retrognathia or micrognathia
- ▶ **Conditions Associated with OSA:** Hypertension, cardiovascular disease (MI, cor pulmonale, atrial fibrillation), type 2 diabetes mellitus

Home Sleep Study is NOT recommended for the following population:

- ▶ Patients with the presence of co-morbid medical conditions that may degrade the accuracy of HST (including moderate to severe pulmonary disease, neuromuscular disease or congestive heart failure).
- ▶ Patients with suspected co-morbid sleep disorders (including central sleep apnea, periodic limb movement disorder, narcolepsy, circadian rhythm disorder or insomnia).
- ▶ Patients unable to cooperate in the self-application and removal of electrodes or unable to return the equipment upon completion of the test.