SOUTH COUNTY HEALTH

100 Kenyon Ave., Wakefield, RI 02879

AASM ACCREDITED Facility Member™

SLEEP DISORDERS LABORATORY REQUISITION FORM

To schedule a sleep study, call the number below.
Phone: (401) 788-1486
Fax: (401) 789-7455

PATIENT INFORMATION:
Name: ______________________________ DOB: ______________ M/F: ______________
Address: ______________________________ Home Phone: ______________ Cell Phone: ______________
Insurance: ______________________________ ID#: ______________________________

Sleep Study, Evaluation & Treatment w/ Consult

□ Diagnostic Sleep Study and Treatment (CPAP/BiPAP) Includes: Sleep Study & post study board certified sleep medicine specialist consultation and therapy initiation (if indicated). Referral # ______________

□ Home Sleep Test with Evaluation and Treatment (CPAP/BiPAP) with Consult Referral # ______________

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

□ In-Lab Diagnostic Sleep Study
□ In-Lab Split Night Sleep Study (Diagnostic with CPAP titration if criteria met)
□ In-Lab CPAP or BiPAP Titration (full night titration for patients with documented sleep apnea)
□ In-Lab 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 Test

Suspected Disorders:
□ Obstructive Sleep Apnea (OSA)
□ Central/Complex Sleep Apnea
□ Narcolepsy
□ Nocturnal Seizure/Parasomnias
□ Insomnia
□ Restless Legs syndrome (RLS) or Periodic Limb Movements of Sleep (PLMS)

Primary Symptoms:
□ Snoring/Gasping/Choking
□ Witnessed Apneas
□ Obese/Large Neck (BMI:_______)
□ Daytime Sleepiness

Special Needs:
□ Nocturnal O2 (Level:________)
□ Lack of Mobility/Dexterity
□ Cognitive Impairment

□ Other: ______________________________

Co-Morbidities: □ **CDL License Holder**
□ Cardiac Disease: CHF class 4 or uncontrolled arrhythmia, pulmonary hypertension, recent MI.
□ Chronic Pulmonary Disease: COPD req O2, Obesity hypoventilation, Lung disease controlled by medical therapy
□ Neurologic Disorder: Prev. CVA/TIA, nocturnal seizures, Parkinson's, AML, Neurodegenerative disorders

Epworth Sleepiness Scale: Height_____________ Weight___________
How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?
Use the following scale to choose the most appropriate number for each situation.
0=no chance of dozing 1=slight chance of dozing 2=moderate chance of dozing 3=high chance of dozing

Situation Chance of Dozing	Scale	Situation Chance of Dozing	Scale
Sitting and reading	____	Laying down to rest in the afternoon	____
Watching TV	____	Sitting and talking to someone	____
Sitting inactive	____	Sitting quietly after lunch	____
Being a passenger in a car for an hour without a break	____	Sitting for a few minutes in traffic while driving	____

Total Score equals your ESS ___________

Comments: ____
____

PRESCRIBER INFORMATION:
Prescriber's Printed Name: ______________________________
Prescriber's Signature: ______________________________ Date: ______________

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PPR