

Patient Name _____ DOB _____ Occupation _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please indicate reason(s) for referral:

- Witnessed Apneas
- Excessive Daytime Sleepiness
- Snoring
- Restless Legs / Periodic Movements
- Violent behavior when asleep
- Poor Memory / Cognition
- Morning headaches
- Cataplexy and Narcolepsy
- Sleep Walking
- Nighttime Seizures
- Insomnia
- Other: _____

Please indicate consultation or the type of sleep study to be ordered (select only one):

- Sleep Consultation:** with a Board Certified Sleep Disorders Physician to discuss medical history, determine type of sleep study required to best evaluate sleep disturbance, discuss Sleep Hygiene, and/or prescribe sleep related medications.
- Two Night Polysomnogram:** Attended overnight study monitoring EEG, EOG, EMG, EKG, respiratory airflow and effort, oximetry, limb movements and body position. If positive for Obstructive Sleep Apnea, patient will return for a second night with a titration of Nasal CPAP/Bi-Level therapy. Study will be performed in accordance with the American Academy of Sleep Medicine Standards and Guidelines for the Practice of Sleep Medicine.
- Split Night Polysomnogram with Titration:** Study is initiated as Diagnostic and converted to CPAP or Bi-Level Titration the second half of the study if sleep apnea is present and enough time remains to perform an adequate trial. Study will be performed in accordance with the American Academy of Sleep Medicine Standards and Guidelines for the Practice of Sleep Medicine.
- Polysomnogram with Titration:** A Polysomnogram with CPAP or Bi-Level applied for the entire night for patients with diagnosed sleep apnea. Study will be performed in accordance with the American Academy of Sleep Medicine Standards and Guidelines for the Practice of Sleep Medicine.
- Diagnostic Polysomnogram followed by a Multiple Sleep Latency Test:** A series of nap opportunities performed during the day following polysomnography for the objective evaluation of daytime sleepiness or suspected narcolepsy. Study will be performed in accordance with the American Academy of Sleep Medicine Standards and Guidelines for the Practice of Sleep Medicine.
- Maintenance of Wakefulness Test:** Four 40 minute trials performed at two hour intervals during the day to objectively measure the ability to stay awake under soporific conditions. Study will be performed in accordance with the American Academy of Sleep Medicine Standards and Guidelines for the Practice of Sleep Medicine.

- Follow-Up with the Board Certified Sleep Disorders Physician, Nurse Practitioner, or Physician Assistant to discuss study results, manage CPAP therapy, Sleep Hygiene, and/or sleep related medications as indicated.**
- Follow-Up with Ordering Physician to discuss study results, order and manage CPAP therapy, and/or sleep related medications.**

Referring Physician Signature _____ Date _____

Physician Name (Print) _____ NPI _____

Address _____ Contact _____

Phone _____ Fax _____

Please send medical history, medication list, insurance information, and a copy of insurance card(s)-front & back.

Thank you for the referral.

Physician Approval _____ Date _____

