

Sleep Study Requisition

St. Elizabeth's Medical Center

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☐ Watch Pat

☐ Apnea Link

Patient Name: _____ DOB: _____ Ht: _____ Wt: _____ BMI: _____ English Proficient YES NO

Address: _____ City, State, Zip: _____ Language _____

Gender: M / F Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Insurance: _____ Policy #: _____ Sec Ins: _____ Policy #: _____

REQUESTED SERVICE: (Please select only one study below)

- ☐ **Complete Care:** (Consultation & Management)
Office evaluation, diagnostic testing, and treatment with home PAP if clinically indicated
- ☐ **Home Sleep Test (G0399 or 95806):** Screening test for sleep apnea.
- ☐ **Diagnostic PSG Study (95810):**
Baseline sleep study with addition of CPAP ONLY if emergency criteria is met.
- ☐ **Split Night Titration (95810 & 95811):**
Baseline sleep study with addition of CPAP, per split-night criteria.
- ☐ **CPAP/ BIPAP/ ASV Titration (95811):** (circle one) All night sleep study with CPAP/ BIPAP/ ASV treatment after positive diagnostic study. For BIPAP and ASV studies, CPAP must be previously proven ineffective.
- ☐ **MSLT (95805):** Daytime nap test following a full night diagnostic PSG study.
- ☐ **MWT :** Daytime study to assess vigilance.

***Required* Epworth Sleepiness Score**

0 = would never doze or sleep
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

Situation	Chance of Dozing or Sleeping	Scale
Sitting and reading		
Watching TV		
Sitting inactive in a public place		
Being a passenger in a car for an hour		
Lying down to rest in the afternoon		
Sitting and talking to someone		
Sitting quietly after lunch (w/o alcohol)		
Sitting in traffic while driving		
Total score equals your ESS		

0-9 Average Score, normal population TOTAL _____

Comments: _____

Suspected Sleep Disorder (s):

- ☐ Sleep apnea (G47.33) ☐ Periodic Limb Movements (PLMS) (G47.61) ☐ Narcolepsy (G47.419)
- ☐ Narcolepsy (G47.419) ☐ Restless Leg Syndrome (RLS) (G25.81) ☐ Insomnia (F51.09)
- ☐ Parasomnias (G47.50)/ Seizures (G40.89) ☐ Snoring (R06.83) ☐ Other _____

Patient Complaints:

- ☐ Snoring/ Gasping/ Choking ☐ Unrefreshed Sleep
- ☐ Excessive Daytime Sleepiness ☐ Unexplained arousals/ disturbed or restless sleep

Patient Symptoms:

- ☐ Witnessed Apneas ☐ Obese/ large neck ☐ Fatigue ☐ Seizures
- ☐ Irritability/ Moodiness ☐ Morning Headaches ☐ Nocturia ☐ Insomnia
- ☐ Arm/ Leg jerking ☐ Waking up gasping/ choking

Duration of symptoms:

- ☐ < 2 months ☐ > 6 months
- ☐ > 2 months ☐ > 1 year

Documented Comorbidities & Medical History: Required for Lab Studies Only

- ☐ CHF (Class 3 or 4) ☐ Moderate to severe pulmonary disease
- ☐ Critical illness or physical impairments preventing use of portable HST device ☐ Hx of Myocardial infarction (s/p 3 mo.)
- ☐ Polycythemia ☐ Hx of Stroke (Date: _____)
- ☐ Neuromuscular weakness affecting respiratory function or Impairing activity (please specify: _____) ☐ Patient prescribed opiates: _____
- ☐ Other: _____

SPECIAL NEEDS:

Oxygen, LPM _____

Allergies: _____

Wheelchair/ Ambulation difficulties: _____

Cognitive Impairment: _____

Pre-Operative: Yes / No

Other: _____

Ordering Physician Information

Name: _____ Phone: _____ Fax: _____

PCP: _____ Phone: _____ Fax: _____

REQUIRED: PLEASE FAX CLINICALS/ H&P FOR INSURANCE