

SLEEP STUDY REQUEST FORM

Please **COMPLETE** this form (to be completed by referring physician) and send/fax **demographic** information with **MOST RECENT OFFICE NOTES** to (410) 763-7051

PATIENT INFORMATION:

Name: _____ Birth Date: _____ Best Contact #: _____

Primary Care Physician: _____ Gender: M / F Height: _____ Weight: _____ Neck Size: _____

Select the following that apply: DOT Certification Pre-Op Testing Employment Hours: Day Overnight

STUDY REQUESTED:

- Standard Diagnostic PSG Study (Conversion to Split-night per protocol for AHI>40 is standard; if PSG is denied by insurance, Home Sleep Test will be substituted, if applicable)
- Pediatric (<12 Must have scheduled pre-study visit to sleep lab)
- Other: _____

FOLLOW UP:

- Schedule follow-up consultation with sleep specialist to review the results with patient.
- DO NOT schedule a follow-up. Ordering doctor will review results with patient.

RELEVANT MEDICAL HISTORY (Must fax most recent history and physical for approval):

Existing Conditions:

- Seizures D.O Anxiety Smoking GERD CHF
- Hypertension AFIB/ Arrhythmias Depression COPD Asthma Diabetes
- Obesity Coronary artery disease Other: _____

Primary Symptoms:

- Large Neck Sleep Paralysis Cataplexy
- Witnessed Apneas Frequent snoring Excessive daytime sleepiness Nocturia
- Choking Irregular Breathing Headaches Nocturnal Dyspnea
- Difficulty falling asleep Hypnagogic Hallucinations Automatic Behavior Frequent leg movements
- Repetitive Violent or Injurious Behavior

Special Needs:

- Nocturnal Oxygen ____ LPM Urinary / Stool Incontinence Medications
- Interpreter Other: _____

SUSPECTED DISORDERS (Check all that apply)

- Obstructive Sleep Apnea Central Apnea Chronic Respiratory Failure
- Periodic Limb Movements Narcolepsy Parasomnias Behavior (e.g. sleepwalking, RBD, bruxism etc)

REFERRING PHYSICIAN INFORMATION (REQUIRED):

Ordering Physician/Practitioner: _____ Date: _____

Phone: _____ Fax: _____

Physician Signature: _____ UPIN: _____

Approval by RSDC Medical Director: _____ Date: _____ Time: _____