

SLEEP STUDY ORDER FORM

Patient Name: _____ Date of Birth: _____

Insurance Info: _____

Ordering Provider: _____ NPI: _____

I. STUDY REQUESTED

Unattended Home Sleep Apnea Test (HSAT) G0398, G0399, 95800, 95801, 95806

Attended In-Lab Diagnostic PSG 95810

II. REQUIRED CLINICAL INFORMATION (CHECK ALL THAT APPLY IN A-D)

A. What is the Suspected Diagnosis?

Sleep Apnea, unspecified G47.30

Hypersomnia, unspecified G47.10

B. Signs and Symptoms (check all that apply)

Evidence of Excessive Daytime Sleepiness *AND*

Disturbed or restless sleep

non-restorative sleep/non-refreshing sleep

Frequent unexplained arousals from sleep

Fragmented sleep

Fatigue

Waking feeling tired

Evidence Suggestive of Sleep Disordered Breathing

Gasping or choking during sleep

Witnessed apnea events

Cognitive deficits such as concentration/memory

Morning headache

Experienced Apneas/Hypoxemia under anesthesia

Snoring

Duration of signs and symptoms: Less than one month Greater than one month

C. Co-morbid Conditions (check all that apply)

Pulmonary Hypertension

Moderate to severe pulmonary disease

Moderate to severe congestive heart failure (NYHA class III or IV) or LVEF lower or equal to 45%

Neuromuscular/neurodegenerative disorder

Chronic opioid medication use (include current med list/fq/dose)

Refractory Atrial fibrillation or nocturnal dysrhythmias

No known comorbid conditions

D. Epworth Sleepiness Scale Score: *OR* **STOP-Bang Score:**

Note: Include the most recent clinical notes, medication list, neck circumference and BMI.