EMORY
JOHNS CREEK
HOSPITAL

ACCREDITED FACILITY MEMBER

Sleep Study Orders

***** Please fill out form completely and fax along with an H&P, office notes, demographics and insurance cards*****
If the patient is a minor (under 18 years of age) a parent or guardian must stay with them for the duration of the study.

Patient Name:	Ordering Physician:
Patient Contact Number:	Physician Phone Number:
Date of Birth:	Physician Signature and Date:

Presenting Symptoms
- ❑ Loud snoring
- ❑ Observed apnea
- ❑ Excessive daytime sleepiness
- ❑ Irregular or gasping breathing
- ❑ Restless/non-restorative sleep
- ❑ Difficulty initiating sleep
- ❑ Limb restlessness or jerks
- ❑ Shift worker or irregular sleep hours
- ❑ Early AM awakening
- ❑ Hypnogogic hallucinations
- ❑ Patient with positive PSG/HST
- ❑ Prior history of OSA

Risk Factors
- ❑ Hypertension
- ❑ Stroke
- ❑ Myocardial Infarction
- ❑ CHF
- ❑ Diabetes
- ❑ Chronic pulmonary disease
- ❑ Neuromuscular disease

Physical Exam
Height _____ Weight _____ BMI_____
Epworth Score_____
- ❑ Enlarged tonsils
- ❑ Nasal obstruction
- ❑ Enlarged neck circumference
- ❑ Crowded oropharynx
- ❑ Obesity

Contraindications to HST (for diagnostic studies)
- ❑ Comorbid sleep disorder suspected (specify below)
  PLMD CSA OHS Other _____
- ❑ Patient lacks mobility/dexterity to use HST safely
- ❑ Patient has cognitive impairment
- ❑ Oxygen dependent

Diagnosis
- ❑ Obstructive Sleep Apnea
- ❑ Narcolepsy
- ❑ Parasomnia (circle) Limb movement, Sleepwalking, Seizure
- ❑ Insomnia, unspecified
- ❑ Other_____

Study Requested
- ❑ Polysomnography PSG–diagnostic study (95810)
- ❑ CPAP Titration – treatment study (95811)
- ❑ Bi-level Titration – treatment study (95811)
- ❑ Split Night:- PSG w/CPAP as indicated (95811)
- ❑ Multiple Sleep latency Test – diagnostic study for Narcolepsy, Idiopathic Insomnia (95805) ** Patient must be scheduled for PSG the preceding night.
- ❑ Maintenance of wakefulness Test – (95805)
- ❑ Home Sleep Study HST - (95806) – patient must meet clinical and insurance criteria

Follow-up Options (A copy of all results will be sent to referring physician)
- ❑ Perform the CPAP/Bilevel titration if polysomnography demonstrates sleep apnea
- ❑ Order consult with Interpreting Physician/Sleep Specialist to manage study results & order recommended treatment per study interpretation

Special Needs for Patient _____
_____
_____

*** The Sleep Center does not provide nor administer sleep medication. The ordering physician must supply the patient with a prescription for the medication. The technologist will inform the patient of the appropriate time to take their sleep medication.