



FAX TO 617.796.9099 with most recent History & Physical Notes

Please choose the interpreting physician for your patient's study:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> S. Dasari, M.D. | <input type="checkbox"/> A. Lieberman, M.D. | <input type="checkbox"/> T. Morris, M.D. | <input type="checkbox"/> D. O'Brien, M.D. |
| <input type="checkbox"/> P. Pradhan, M.D. | <input type="checkbox"/> R. Shu, M.D. | <input type="checkbox"/> N. Siegel, M.D. | <input type="checkbox"/> No Preference |

Patient Name _____ D.O.B. ____/____/____ Height _____ Wt _____ lbs.

Patient Phone Numbers: (_____) _____ Home (_____) _____ Alternate

Usual Workday Bedtime _____ AM/PM Usual Non-Workday Bedtime _____ AM/PM

STUDY REQUESTED (Please Check Appropriate Boxes):

- | | |
|---|--|
| <input type="checkbox"/> Standard Sleep Study (Split) | Diagnostic testing which will include CPAP initiation and titration if appropriate clinical criteria are met. <i>If criteria are met too late for treatment, patient will be scheduled for a subsequent CPAP titration night.</i> |
| <input type="checkbox"/> Screening Sleep Study | All night diagnostic PSG. CPAP will not be applied unless severe apnea is present. |
| <input type="checkbox"/> All Night PAP Titration | OSA or UARS must already be PSG-documented. Date of previous PSG: ____/____/____
Positive airway pressure will be titrated to optimal pressure level.

____ CPAP ____ BiPAP * ____ ASV * * CPAP must be previously proven ineffective |
| <input type="checkbox"/> Narcolepsy Study | All night sleep study with next day MSLT (Multiple Sleep Latency Test) |
| <input type="checkbox"/> Other: _____ | |

CPAP EXPRESSCareSM I authorize Neurocare to coordinate home CPAP therapy within 48 hours following the study through a participating DME vendor. Patient will be set up on auto titrating device with a setting of 6cm/H2O to increase to a maximum pressure of 3cm/H2O above optimal pressure with heated humidifier. Overnight oximetry to be performed to assess oxygenation 1 week following set up of CPAP for patient with severe OSA or hypoxia. **BIPAP and ASV titrations will require a separate script which will be sent the morning following testing.**

INDICATIONS FOR SLEEP STUDY (Please Check Appropriate Boxes):

- | | | |
|---|--|---|
| <input type="checkbox"/> Sleep Apnea (327.23) | <input type="checkbox"/> Narcolepsy with Cataplexy (327.23) | <input type="checkbox"/> Central Apnea (327.24) |
| <input type="checkbox"/> Periodic Limb Movement Disorder (327.51) | <input type="checkbox"/> Narcolepsy without Cataplexy (347.00) | <input type="checkbox"/> Sleep-Associated Seizures (327.42) |
| <input type="checkbox"/> Restless Leg Syndrome (333.99) | <input type="checkbox"/> Parasomnias (327.40) | <input type="checkbox"/> Phase Delay (327.31) |

SLEEP SYMPTOMS / HISTORY (Please Check Appropriate Boxes)

- | | | |
|--|---|--|
| <input type="checkbox"/> Excessive Daytime Sleepiness | <input type="checkbox"/> Morning Headaches | <input type="checkbox"/> Cataplexy |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Sleep Walking or Talking | <input type="checkbox"/> Weight Loss/Gain |
| <input type="checkbox"/> Witnessed Apneas | <input type="checkbox"/> Nightmares or Night Terrors | (to ascertain optimal PAP) |
| <input type="checkbox"/> Overweight (BMI: _____) | <input type="checkbox"/> REM Behavior Disorder | <input type="checkbox"/> Epworth Score: ____ |
| <input type="checkbox"/> Insomnia / Fragmented Sleep | <input type="checkbox"/> Bruxism / Teeth Grinding | |
| <input type="checkbox"/> Leg Cramps, Movement or Jerks | <input type="checkbox"/> Insufficient response to PAP | |

MEDICAL HISTORY

- | | |
|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Sinusitis / Rhinitis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> CHF |
| <input type="checkbox"/> Impaired Cognition | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Mood Disorders | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Anxietv * | <input type="checkbox"/> Other: |

* If your patient may be claustrophobic, consider prescribing a short-acting anxiolytic (e.g.; 0.5 to 1 mg. of lorazepam) for the patient to self-administer in the lab. If medication that may cause sedation is prescribed, advise the patient NOT to drive at the completion of the test.

SPECIAL NEEDS / ASSISTANCE REQUIRE:

<input type="checkbox"/> Mobility	<input type="checkbox"/> ADL's	<input type="checkbox"/> Safety
<input type="checkbox"/> Behavioral	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Other:

Oxygen: ____L/min. ____ Nocturnal ____ Dental Appliance ____ S/P; Upper Airway Surgery

- | | |
|--|---|
| <input type="checkbox"/> CPAP Compliance Problems | <input type="checkbox"/> Walker, Wheelchair, Assistance Walking |
| <input type="checkbox"/> Psychiatric Problems that may affect study (specify): _____ | <input type="checkbox"/> Incontinence Problems |
| | <input type="checkbox"/> Translator - Language: _____ |

Allergies: Tape Latex Talc

Medication or Environmental Allergy: _____

Current Medications:

In the lab, oral & injectable medications can only be self-administered by the patient.

I authorize Neurocare Center for Sleep to conduct the above named study.

Requesting Physician: _____ **NPI:** _____

Signature: _____ **Phone:** _____

EMAIL ADDRESS: _____ **Date:** ____/____/____

DIRECTIONS

**35 Pearl Street, Suite 100
Brockton, MA 02301**

After hours Sleep Center Phone Number: 617-823-6635

To reach the Sleep Center on the evening of your study after 7:00p.m. (i.e. running late, lost, etc.), please use the number listed above.

From the North:

Follow Rte. 24 South to Exit 18B—Route 27, Stoughton. Travel .5 mile and take a left onto North Pearl Street. North Pearl turns into Pearl Street at Pleasant Street. Just after the Pleasant Street traffic light, number 35 will be the second office building on your right.

From the South:

Follow Rte. 24 North to Exit 18B—Route 27, Stoughton. At the end of the highway off-ramp, turn left at the traffic light onto North Pearl Street. Go straight through the traffic lights at Pleasant Street. Number 35 Pearl Street will be the second office building on your right.

From the East:

Follow Route 27 West through Brockton. Route 27 turns into Pleasant Street. Go straight through the traffic light at West Street (D'Angelo's will be on your left). In .9 miles turn left at the traffic light onto Pearl Street. Number 35 Pearl Street will be the second office building on your right.

From the West:

Follow Route 106 East. Take a left onto Route 123 East (Depot Street). Continue to follow the signs for Route 123 East for 3.8 miles. Bear left onto Pearl Street and continue for 1.9 miles. Number 35 Pearl Street will be on your left.