



Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ English Proficient: YES NO  
 Patient Phone Numbers: (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Alternate \_\_\_\_\_  
 Date of most recent office visit: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Epworth Scale Score \_\_\_\_\_

**STUDY REQUESTED (Order Required to Schedule Study):**

- Diagnostic polysomnography** Diagnostic testing only requested. CPAP initiation and titration offered to patient unexpected severity of OSA (estimated AHI with 4% desaturation; hypopneas  $\geq 30$  / hour of sleep or oxygen desaturation to  $\leq 70\%$ ).
- Split night Sleep Study** Initial diagnostic polysomnogram, CPAP applied if estimated AHI  $\geq 15$  within the first 2 - 3 hours of diagnostic testing. Late occurrence of severe disease may prompt CPAP initiation outside this window on a case-by-case basis.
- All Night PAP Titration** Titrate positive airway pressure to optimal pressure level  
 \_\_\_\_\_ **CPAP** \_\_\_\_\_ **Bi-Level PAP\*** \_\_\_\_\_ **Adapt Servo Ventilation (ASV) \***  
\*CPAP must be previously proven ineffective  
 Previous study date \_\_\_\_\_ Diagnosis \_\_\_\_\_
- Special Instructions:**

**POST SLEEP STUDY CONSULT & MANAGEMENT**

Referring MD requests consultation with a BID-Needham Sleep Center Sleep Specialist following the sleep study. The Center/Physician will coordinate comprehensive management including clinical evaluation and follow-up, positive pressure therapy as necessary, and track treatment outcomes.

**MEDICAL NECESSITY: (required to demonstrate reason for testing)**

**Primary Symptoms**

- Previously diagnosed OSA (327.23)
- Previously diagnosed CSA (327.41)
- Other:
- Witnessed Apneas
- Excessive Daytime Sleepiness
- Snoring
- Overweight
- Weight Gain
- Weight Loss

- Leg Cramps, Movement or Jerks
- Sleep Walking or Talking
- Nightmares or Night Terrors
- REM Behavior Disorder
- Sleep Paralysis
- Cataplexy
- Insufficient Response to PAP
- Bruxism / Teeth Grinding
- Insomnia / Fragmented Sleep
- Morning Headaches

**Medical History**

- Heart Disease
- Atrial Fibrillation
- COPD
- Hypertension
- CHF
- Stroke
- Seizures
- Anxiety
- Impaired Cognition
- Mood Disorders
- Sinusitis / Rhinitis
- Allergies
- Diabetes
- Other:

**SPECIAL NEEDS / ASSISTANCE REQUIRED (please specify):**

Medication or Environmental Allergy: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
 Usual bed time: \_\_\_\_\_  Usual wake time: \_\_\_\_\_  
*In the lab, oral & injectable medications may only be self-administered by the patient.*

**Sleep Study Interpretation provided by BIDMC Sleep Specialist if no MD requested below:**

Preferred Interpreting Board Certified Sleep Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ (REQUIRED) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)  
(Must be enrolled with Medicare to order services for Medicare patients)  
 Physician (print name): \_\_\_\_\_ (REQUIRED) NPI: \_\_\_\_\_

**For assistance or questions please contact a Client Service Coordinator at 1.800.432.8808**