

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):

Standard Sleep Study (Split) Will include CPAP initiation and titration if appropriate clinical criteria are met. If criteria are met too late for treatment, patient will be scheduled for a subsequent CPAP titration night.

Screening Sleep Study All night diagnostic PSG. CPAP will not be applied unless severe apnea is present.

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

Narcolepsy Study All night sleep study with next day MSLT (Multiple Sleep Latency Test)

Other: _____

CPAP EXPRESS CareSM I authorize Neurocare coordination of home CPAP, if clinically warranted, via its preferred DME vendor, the morning the PSG is completed. Patient will use an auto titrating CPAP, incorporating a heated humidifier, delivering pressure from 6 cm H2O to 3 cm H2O above "optimal" pressure.

SUSPECTED DIAGNOSIS (Please Check Appropriate Boxes):

<input type="checkbox"/> Sleep Apnea/Upper Airway Resistance Syndrome	<input type="checkbox"/> Narcolepsy with or without Cataplexy
<input type="checkbox"/> Periodic Limb Movement Disorder/Restless Leg Syndrome	<input type="checkbox"/> Sleep-Associated Seizures
	<input type="checkbox"/> Other: _____

MEDICAL/SLEEP HISTORY / SYMPTOMS (Please Check Appropriate Boxes):

<input type="checkbox"/> Excessive Sleepiness	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Depression
<input type="checkbox"/> Snoring	<input type="checkbox"/> Bruxism	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Overweight	<input type="checkbox"/> Seizures	<input type="checkbox"/> CHF
<input type="checkbox"/> Apneas	<input type="checkbox"/> Muscle / Joint Aches	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Leg Cramps, Movements / Jerks	<input type="checkbox"/> Arrhythmia (specify) _____
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Sinusitis / Rhinitis	<input type="checkbox"/> Anxiety *
<input type="checkbox"/> REM Behavior Disorder	<input type="checkbox"/> Diabetes	

* 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.

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

SPECIAL NEEDS / ISSUES THAT MAY AFFECT PATIENT OR TECHNOLOGIST COMFORT/SAFETY:

<input type="checkbox"/> Tape, Latex, Talc or other Allergies: _____	<input type="checkbox"/> CPAP Compliance Problems
<input type="checkbox"/> Medication Adverse Reactions: _____	<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"/> Other: _____	<input type="checkbox"/> Translator – Language: _____
	<input type="checkbox"/> Patient may self-administer up to 650 mg. of acetaminophen up to every 4 hours for pain

Medications: Technologists may NOT administer oral or injectable medication in the lab. The patient's medications can only be self-administered.

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

Requesting Physician: _____ **NPI:** _____
Signature: _____ **Phone:** _____
EMAIL ADDRESS: _____ **Date:** ____/____/____

DIRECTIONS

**70 Wells Avenue
Newton, MA 02459**

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, Mass Pike, or Route 9

Take 128/95 South to Exit 19B. Make a left at the first light onto Hunting Road. At the next light (about .6 miles) make a left onto Kendrick St. Go about .7 miles and make a right at the 2nd light onto Wells Ave. We are .3 miles on the left. If the outside door is locked, ring the buzzer for the technologist to let you in.

From the South

Take 128/95 North to Exit 19B. Follow directions above.

From the Brookline/Chestnut Hill area

Go South on Hammond Rd. .9 miles to rotary. Bear right (second exit) onto Newton St., and continue onto Brookline St. for 1.4 miles. At 2nd light make a right onto Dedham St. (Mount Ida College will be straight ahead). Get into the left lane and take the first left onto Nahanton St. Go about .8 miles and make a left at the light onto Wells Ave. We are .3 miles on the left. If the outside door is locked, ring the buzzer for the technologist to let you in.