

## Sleep Medicine History & Physical / Order Form (To be completed by referring Provider)



DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Chief Complaint/Symptoms:
Please check all boxes for symptoms related to common indications for sleep testing:  NOTE: In general, <b>insomnia, moodiness and daytime fatigue</b> (without true sleepiness) <b>do not</b> merit sleep studies outright unless another sleep disorder like sleep apnea is expected.
<input type="checkbox"/> snoring <input type="checkbox"/> suspected/witnessed apnea <input type="checkbox"/> choking/gasping in sleep <input type="checkbox"/> morning headaches <input type="checkbox"/> daytime sleepiness <input type="checkbox"/> PAP re-titration <input type="checkbox"/> restless sleep <input type="checkbox"/> irritable/moody <input type="checkbox"/> leg kicking/jerking in sleep <input type="checkbox"/> sleep enuresis <input type="checkbox"/> unresolved or dangerous parasomnia <input type="checkbox"/> repeat test after med/surg treatment <input type="checkbox"/> Pertinent comorbidities (circle all and describe below) • large tonsils/adenoids • craniofacial • obesity • neurological • muscular • genetic • cardiovascular including HTN • behavioral • endocrine
Past History:
Family History:
Behavioral Issues, Developmental Delay or sensory issues:
Current Medications (include Oxygen and PAP):
Allergies:
<input type="checkbox"/> ROS check negative unless otherwise specified

Physical Exam: T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ B/P: \_\_\_\_\_ Wt: \_\_\_\_\_ Ht: \_\_\_\_\_ BMI: \_\_\_\_\_

HEENT: \_\_\_\_\_ Heart: \_\_\_\_\_ Chest/Lungs: \_\_\_\_\_

CNS: \_\_\_\_\_ Other: \_\_\_\_\_

**Diagnosis(ICD-9 Code):** \_\_\_\_\_

*NOTE: If the signs and symptoms do not meet AASM criteria for a sleep study we will be glad to offer a sleep clinic consultation. If this is desired, please check the consult with physician box below. We are always happy to work with the ordering provider to refine the orders to best fit their practice and patient's needs.*

*Infrequently, more specialized sleep studies are needed such as PSG with expanded EEG for suspected nocturnal seizures, or to confirm the diagnosis of an atypical or potentially injurious parasomnia. The MSLT, preceded by nocturnal PSG, is indicated in children to help in differentiation of narcolepsy from other hypersomnias. **A detailed clinical evaluation at the sleep clinic can be beneficial before scheduling such studies.***

- Test:**
- POLYSOMNOGRAM (Sleep Study)**
  - PAP Titration**
  - MULTIPLE SLEEP LATENCY TEST (requires baseline sleep study)**
  - Consult with physician in Sleep Clinic for treatment of sleep problems.**

**Provider Name (print & sign):** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Provider Telephone Number:** \_\_\_\_\_