

SLEEP CENTER OF INDIANA

106th & North Meridian
Located at St. Vincent Heart Center of Indiana

Physician's Prescription Form for Sleep Study Screening FAX completed form to Central Scheduling (866-363-7534) Phone (866-363-7535)

Patient Name (Printed): _____ Date of Birth: _____

Patient Phone: _____ Alternate Phone: _____

Referring Physician: _____

Interpreting Physician: _____

Procedure Order:

_____ NPSG (Diagnostic sleep study) _____ Split night NPSG
_____ NPSG with Reflex CPAP (if appropriate) _____ NPSG followed with MSLT
_____ CPAP/Bi-level Titration _____ Maintenance of Wakefulness Test

Clinical Symptoms: Please check ALL symptoms that describe the patient's sleep complaint(s):

_____ *Excessive Daytime Sleepiness _____ *Insomnia
_____ *Impaired Cognition _____ *Mood Disorders
_____ Snoring _____ Witnessed Apnea
_____ Morning Headache _____ Restless Sleep
_____ Restless Legs _____ Nocturnal Choking
_____ Loud Snoring or Disrupted Sleep _____ Pathological Hyper Somnolence

Health History:

_____ *Hypertension _____ *History of Stroke
_____ *Ischemic Heart Disease _____ BMI > 35 (Morbid Obesity)
_____ Pulmonary Disease _____ Heart Failure
_____ Other Cardio Vascular Disease _____ Polycythemia
_____ Abnormal Oropharyngeal Exam _____ Diabetes

Other/Description: _____

*One of these symptoms needs to be marked for a patient who has an AHI between 5 and 14 to qualify for home CPAP.

Please have the patient bring their medications and indicate whether the patient has:

____ Oxygen _____ Wheelchair _____ Care Giver/Aide Required _____ Shift Worker

Special Notes/Instructions: _____

Study Date: _____ Second Study Date: _____

I have referred the above patient for a sleep diagnostic study for the reasons indicated on this form. I am aware that this patient may require two sleep studies and will be scheduled for the second study according to written protocol. **Please choose and circle interpreting physician if you have a preference:**

Dr. Mohan

Dr. Vohra

Ordering Physician Signature

Date