Sleep Disorders Center

Conway Medical Center

ORDER FOR SLEEP STUDY

Patient Name: _____ Home Phone: _____

Birth Date: _____ Work Phone: _____

Demographics: Age _____ Height _____ Weight _____ Gender: M / F

History of Sleep Problem / Reason for Study

☐ Loud Snoring	☐ Shift Work or irregular sleep hours	☐ Nocturia
☐ Excessive Daytime Somnolence	☐ Cataplexy/Hallucinations	☐ Claustrophobia
☐ Insomnia	☐ Sleep Paralysis	☐ Sleepwalking
☐ Witnessed Apneas	☐ Frequent Awakenings	☐ Leg Restlessness or Jerks
☐ Morning Headaches	☐ Drowsy Driving	☐ Nasal Obstruction
☐ Awakening Gasping For Breath	☐ Morning Dry Mouth	☐ Enlarged Tonsils
☐ Non-restorative Sleep	☐ Short Term Memory Loss	☐ Other

Medical Conditions

☐ Cardiac Arrhythmias	☐ Hypertension	☐ GERD
☐ CHF	☐ Diabetes	☐ Fibromyalgia
☐ ALS	☐ Asthma/COPD	☐ Chronic Pain
☐ Stroke/Weakness	☐ Pulmonary Hypertension	☐ Obesity

Type of Study Requested

____ Complete Sleep Testing * with EtCO2, (One night diagnostic, one night IPAP titration if indicated).
____ Split Night Study * (½ night diagnostic testing, ½ night CPAP titration IF protocol is met). *** Return for full night of titration if < 3 hours of titration is performed or optimum resolution of apneas/hypopneas has not been achieved.**
____ Polysomnogram only* ____ Polysomnogram w/Seizure Montage* ____Sleep testing* With Oxygen at _____lpm
____ Titration only*
____ Polysomnogram* with MSLT (for diagnosis of Narcolepsy and excessive daytime somnolence)

Diagnosis

☐ Obstructive Sleep Apnea	☐ Narcolepsy	☐ Shift Work
☐ Hypersomnia	☐ Insomnia	☐ Seizures
☐ PLMD/Restless Legs	☐ Sleepwalking/RBD	☐ ALS

Special Needs

☐ Oxygen ____ l/m	☐ Lift Assistance Required	☐ Wheelchair
☐ Mentally Challenged	☐ Has Caregiver	☐ Incontinent
☐ Hearing / Slight Impaired	☐ Interpreter Needed - Language	

Ordering Physician: _____ Fax _____

Ordering Physician Signature: _____
Signature Date

Approval by medical director or designated sleep staff physician:

_____
Signature Date

TO SCHEDULE, PLEASE CALL **843-234-5474.** PLEASE FAX THIS ORDER FORM TO CENTRAL SCHEDULING **FAX 843-234-5016.**