



FAX ORDERS TO 877.572.9837 • CALL 832.770.3200

Patient Name: _____ Date of Birth: _____ DATE: _____

Cell Ph: _____ Home Ph: _____

Insurance: _____ Policy: _____

<p>1 Indications For Study Please Check All That Apply</p> <p><input type="radio"/> Witnessed Apnea</p> <p><input type="radio"/> Restless Sleep</p> <p><input type="radio"/> Excessive Daytime Sleepiness</p> <p><input type="radio"/> Snoring</p> <p><input type="radio"/> Abnormal Sleep Behavior</p> <p><input type="radio"/> Morning Headaches</p> <p><input type="radio"/> Drowsy Driving</p> <p><input type="radio"/> Frequent Night Urination</p> <p><input type="radio"/> Periodic Limb Movements</p> <p>Other: _____</p>	<p>2 Diagnosis Please Check All That Apply</p> <p><input type="radio"/> Obstructive Sleep Apnea</p> <p><input type="radio"/> Congestive Heart Failure</p> <p>Last Echo Date _____</p> <p>NYHA Class _____</p> <p>Ejection Fraction _____</p> <p><input type="radio"/> Diabetes</p> <p><input type="radio"/> Morbid Obesity/BMI _____</p> <p><input type="radio"/> COPD</p> <p><input type="radio"/> Insomnia</p> <p><input type="radio"/> Narcolepsy</p> <p><input type="radio"/> History of Stroke</p> <p><input type="radio"/> Neuromuscular Disease</p>	<p>3 Services Requested Please Check All That Apply</p> <p><input type="radio"/> Diagnose and Treatment</p> <ul style="list-style-type: none"> • 1st Night Study / PSG • 2nd Night Study w/ CPAP • Home Sleep Study • DME Set-Up per Study Results <p><input type="radio"/> CPAP/Re-Titration 95811</p> <p><input type="radio"/> MSLT</p> <p><input type="radio"/> Needs Transportation</p>
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EPWORTH SLEEPINESS SCALE: 0 = Never 1 = Slight 2= Moderate 3 = High

Instructions: What is the likelihood of you dozing off or falling asleep in the following situations.

Sitting and Reading		Lying Down to Rest in the Afternoon	
Watching Television		While Having a Relaxed Conversation	
As a Passenger in a Car for One Hour		Sitting Quietly After Lunch	
Sitting in a Seminar, Theater Or Meeting		In a Car Stopped at Traffic Light	
A score of 9+ requires a sleep study		Total Points (Max = 24)	

I deem this order medically necessary and I authorize Heartstrong Sleep Center to perform services on the above patient according to clinical protocols approved by the Medical Director