



Sleep Laboratory Outpatient Order Form

Lake Forest Hospital

660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696
Department (847) 535-6189 phone / (847) 535-7859 fax
Central Scheduling (847) 535-8000/ (847) 535-8001 fax

Thank you for referring your patient to the Sleep Laboratory. In order to provide the best possible service to you and your patients, we are requesting the following information:

Referring Physician: Last Name First Name/MI

Office Address (for test results)

City/State Zip Code

Office Phone Number/Fax Number NPI#

Patient: Last Name First Name/MI

Date of Birth SS#

Home Phone Number

Mobile or Work Phone Number

Practitioners: Please provide us with DOB & phone number(s) so we can identify your patient.

Practitioner's Signature Date

Please fax completed order to Central Scheduling at (847) 535-8001 fax. Contact the department for questions regarding tests or treatments.

SUSPECTED DIAGNOSIS

- Obstructive Sleep Apnea (OSA)
- Narcolepsy
- Restless Legs/Periodic Limb Movement Disorder
- Hypersomnia
- REM Behavior Disorder
- Seizures
- Other (specify) _____

ICD-9 CODE/S _____

SLEEP HISTORY/SYMPTOMS

- Excessive daytime sleepiness
- Witnessed apneas
- Difficulty initiating sleep
- Morning headaches
- Nocturnal teeth grinding
- Snoring
- Insomnia
- Impotence
- Sleep Walking
- Acting out dreams
- Muscle/joint aches
- Depression
- Cataplexy
- Sleep paralysis
- Leg movements
- Wakes up choking
- Frequent nightmares
- S/P surgery for OSA

RELEVANT MEDICAL HISTORY

- Hypertension
- Pulmonary hypertension
- Pulmonary disease
- Arrhythmia (VT/Afib)
- CHF
- CAD
- Diabetes mellitus
- Fibromyalgia
- Stroke
- Thyroid disease
- Obesity
- Chronic Pain
- Menopause
- Large neck or crowding of upper airway
- Claustrophobic
- Latex allergies
- Hiatal hernia
- Anxiety disorder
- Other

PREVIOUS SLEEP STUDY?

- Yes
 - No
- If yes, where?

When?

SPECIAL NEEDS /REQUIREMENTS

- Oxygen
- Diapers
- Other
- Wheelchair
- Catheter
- Caretaker
- Prosthetic

SUPPLEMENTAL OXYGEN WILL BE ADMINISTERED WHEN INDICATED AND AS REFERRING PHYSICIAN, YOU WILL BE NOTIFIED.

SLEEP STUDY/SERVICES REQUESTED (CHECK APPROPRIATE BOXES)

PATIENTS WILL RECEIVE A CONSULTATION WITH A SLEEP SPECIALIST UNLESS OTHERWISE INDICATED. PATIENTS DIAGNOSED WITH OSA WILL RECEIVE INFORMATION REGARDING TITRATION EQUIPMENT.

- Overnight Polysomnography**
- Positive Airway Pressure (CPAP) Titration
- Combined Overnight Polysomnography and CPAP Titration (Split Night Study)
- Narcolepsy Screen (Overnight Polysomnography followed by MSLT)
- Multiple Sleep Latency Test (MSLT)
- TAP Appliance Titration
- Home Sleep Test (HST) for OSA only, high pretest probability and no co-morbidities. If HST does not meet the CMS criteria or is inconclusive, schedule in-lab Polysomnography/CPAP study.
 - Pre-operative
- Do not schedule a consultation with sleep specialist
- Provide information regarding CPAP/BIPAP equipment if indicated, including patient education, compliance monitoring and follow-up.

NOTE : Tests in bold require advanced beneficiary notice.