Boston University Medical Campus

SLEEP HEALTHCENTERS®
...better sleep. better health.

REQUISITION FORM

TOLL FREE FAX: 866-799-0601
PHONE: 877-SLEEPHC or 877-753-3742
info@sleephealth.com – www.bumc.bu.edu/sleepmed

PATIENT INFORMATION

Name _____ Home Phone _____ DOB _____

Street Address _____ Work/Cell Phone _____ M/F _____

City, State, Zip _____ Email Address _____

Insurance _____ ID# _____ Subscriber _____

PATIENT IS BEING REFERRED FOR (check only ONE from this section)

Sleep Study, Evaluation and Treatment

☐ Consultation and Management
- → Visit with a BU sleep specialist to evaluate and treat patient.

☐ Sleep Study and Treatment
- → Includes sleep study (split night sleep study – first part diagnostic, second part CPAP titration if criteria met), post study consult and PAP therapy initiation (if indicated).

☐ Home Sleep Study and Treatment (adult only)
- → Includes sleep study, post study consult and PAP therapy initiation (if indicated). Patient has high probability of moderate-to-severe OSA and no significant co-morbid medical conditions or sleep disorders (appropriate insurance coverage required).

Therapy Only

☐ CPAP Therapy Program
- → Visit with a CPAP therapist for evaluation and training, initiation of therapy, mask fitting, compliance management or equipment assessment.

☐ Oral Appliance Evaluation and Treatment
- → Evaluation and fabrication (as appropriate) of oral appliance to treat snoring or sleep apnea.

Sleep Study Only (Results sent to referring physician for further management.)

☐ Diagnostic Sleep Study
- → Full night polysomnography (PSG).

☐ Split Night Sleep Study
- → Full night sleep study. First part diagnostic, second part CPAP titration if criteria met.

☐ CPAP or Bi-level PAP Titration (circle one)
- → Full night titration for patients with documented sleep apnea.

☐ Sleep Study with Full EEG (where available)
- → Overnight video-EEG monitoring with PSG to evaluate for nocturnal seizures, other causes of sleep disruption, or cognitive dysfunction.

☐ Diagnostic Sleep Study and Multiple Sleep Latency Test (MSLT)
- → Daytime nap test following a full night diagnostic PSG study to diagnose narcolepsy or excessive sleepiness.

☐ Home Sleep Study (adult only)
- → Patient has high probability of moderate-to-severe OSA and no significant co-morbid medical conditions or sleep disorders (appropriate insurance coverage required).

MEDICAL HISTORY (a recent history and physical examination is required)

Suspected Disorder(s)

☐ Obstructive sleep apnea (OSA)
☐ Narcolepsy
☐ Nocturnal seizures/parasomnias
☐ Insomnia
☐ Restless legs syndrome (RLS) or periodic limb movements of sleep (PLMS)

Primary Symptoms

☐ Snoring/gasping/choking
☐ Witnessed apneas
☐ Obese/large neck
☐ Daytime sleepiness
☐ Difficulty falling asleep
☐ Fragmented sleep
☐ Frequent leg movements during sleep

Special Needs

☐ Nocturnal O2 (level: _____)
☐ Interpreter (language: _____)
☐ Wheelchair
☐ Currently using PAP (pressure: _____cm)
☐ Other _____

Medications and/or comments: _____

PHYSICIAN INFORMATION

Referring Physician

Name _____
Street Address _____
City, State, Zip _____
Phone _____
Fax _____
Email Address _____

Primary Care Physician Same as Referring Physician ☐ Yes ☐ No

Name _____
Street Address _____
City, State, Zip _____
Phone _____
Fax _____
Email Address _____

Physician's Signature **Date**