



Call patient to schedule Corrected order STAT order

St. Luke's Connect

TV Phone: (208) 706-5380
MV Phone: (208) 814-9075
TV Fax: (208) 706-5855
MV Fax: (208)-814-7212
Tax ID Treasure Valley #820161600
Tax ID Magic Valley #562570686
Pre-Auth #:

PATIENT INFORMATION

Order Date:	Provider Name (Printed):
Name:	Provider Signature (Req.):
DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female	Referring Phone:
Home Phone:	CC Results To:

SLEEP STUDY REFERRAL - ADULT/PEDIATRIC PATIENT

Required Documentation: Current H&P/chart notes, Medication/allergy list, face sheet, prior authorization.
If any of these documents are missing or incomplete we will be unable to schedule your patient.

CONSULT OPTIONS :

- Sleep study consultation prior to testing. (recommended for pediatric patients)
- Sleep study without a sleep study consultation. (**MUST COMPLETE** REMAINING FIELDS)

Follow - up to be completed by: (must select one)

- Sleep study provider
- Ordering provider (PCP or specialist)

INDICATION(S) FOR SLEEP STUDY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hypersomnia | <input type="checkbox"/> Previous Diagnosis of Sleep Apnea | <input type="checkbox"/> Cheyne-Stokes Respiration |
| <input type="checkbox"/> Witnessed Apnea | <input type="checkbox"/> Limb Movements | <input type="checkbox"/> Obesity/Hypoventilation Syndrome |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Complex or Central Apnea | <input type="checkbox"/> Disruptions of 24-hr Sleep Cycle |
| <input type="checkbox"/> Positive PSG | <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Screened Positive for Sleep Apnea | <input type="checkbox"/> Morbid Obesity | <input type="checkbox"/> Parasomnia |
| | | <input type="checkbox"/> Other: _____ |

TESTS ORDERED:

TESTING:

- | | |
|---|--|
| <input type="checkbox"/> SPLIT NIGHT STUDY (preferred test for adults) | <input type="checkbox"/> CPAP/BIPAP/ASV TITRATION STUDY |
| <input type="checkbox"/> OCST (Out of Center Sleep Test: Home testing for qualifying patients <u>18 and over only</u> , must complete an OCST checklist) | <input type="checkbox"/> PSG |
| | <input type="checkbox"/> ORAL APPLIANCE TITRATION STUDY |
| | <input type="checkbox"/> MSLT (w/urine tox screen on day of study) |

ADDITIONAL ORDERS:

- CPAP Fitting Desensitization (Done during the day for patients having difficulty wearing CPAP) **Treasure Valley Only**
- PAP NAP (Day test, indicated for patients having difficulty tolerating CPAP, must have a sleep discussion within last six months with PCP) **Treasure Valley Only**

- Oxygen Titration
- CO₂ Monitoring:
 - TCO₂ ETCO₂
- AVAPS/VAPS TITRATION
- FULL EEG

PEDS ONLY:

- Psychiatric co-morbidities
- Medical co-morbidities
- CBG
- CBG if CO₂ > 50 mm Hg for more than one hour
- Consult for GI for 24 hr pH probe study (suspected GERD)
- Vagal nerve stimulator
- Upper Extremity lead/RBD Protocol

HYPNOTIC ADMINISTRATION: St. Luke's Sleep Medicine Institute policy includes the administration of 5 mg Zolpidem (may repeat x 1 for men as needed for insomnia). An alternative hypnotic may be used as prescribed by the patient's clinician.

Treasure Valley Only

If you do not want Zolpidem given, please check box.

PRIOR SLEEP STUDY? YES NO
Where was study completed? _____ When? _____

COMMENTS: _____