

Greenville, South Carolina Office

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ACHC
ACCREDITED

Please circle: **Neuro Consult/Testing** **Neuro Testing Only** **Sleep Consult/Testing** **Sleep Testing Only** **Sleep/Neuro Consult**

Patient Name: _____ Date: _____

Address: _____

Home Phone: _____ SSN#: _____

DOB: _____ Age: _____ Gender: Male Female **ESS:** _____

Height: _____ **Weight:** _____ **BMI:** _____ **Neck Cir:** _____
(Epworth Sleepiness Score – for Sleep Pts)

EEG Study(s) Req:

- ☐ Routine EEG Recording ☐ Ambulatory Video EEG
☐ Long term Video EEG 24 Hr ____ 48 Hr ____ 72 Hr ____

Reason(s) for EEG:

____ CVA-h/o CVA _____ Headaches _____ Heart Disease
____ CHF-h/o CHF _____ Seizures /Epilepsy _____ Ischemic Heart Disease
____ High Blood Pressure _____ Pulmonary HTN _____ Conversion Disorder

Suspected Diagnosis:**Sleep Study(s) Req:**

- ☐ PSG/CPAP Titration ☐ **HST OK IF PSG DENIES?** ☐ MSLT/MWT
☐ CPAP Titration (In-Lab) ☐ Split Night Study (If Severe ☐ PSG/MSLT
☐ HST (Home Sleep Test) OSA > 40/hr and O2 desat <85%) ☐ PSG only (In-Lab)

Reason(s) for Sleep Testing:

____ Snoring _____ Witnessed Apneas _____ History of OSA _____ Complex Sleep Apnea
____ Obesity _____ Restless Leg _____ History of Narcolepsy _____ Central Sleep Apnea
____ Gasping/Choking _____ Sleep Disturbance _____ Excessive Daytime Sleepiness _____ Parasomnias

Do any of these Co-Morbidities apply?

____ Impaired cognition/dementia _____ Diagnosed significant acute cardiac arrhythmia
____ Unexplained pulmonary hypertension _____ Known neurodegenerative disease
____ Moderate to severe congestive heart failure _____ Uncontrolled seizure disorder _____ Stroke (CVA)
____ Moderate to severe pulmonary disease – If so, PFT/Blood Gas Test Results: _____

Other: _____

Results of Previous Sleep Study: _____ Have Report? Y / N

Please include: ***Physician Notes Supporting Need of Study** ***Copy of Insurance Card** ***Patient Demographics**

Referring Physician: _____ Facility: _____

Address: _____

Phone: _____ Fax: _____ NPI #: _____

Referring Physicians Signature: _____ **Date:** _____