

HOME SLEEP TEST ORDER FORM

SWC HST appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LPA Chart #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Follow up: PCP or  SWC**

Epworth Sleepiness Score \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_ M / F

 **ORDER** Portable Sleep Study x 2 nights, Entire night diagnostic study, Unattended sleep study, CPT: 95806 x 2

**SIGNS AND SYMPTOMS:**

Witnessed Apnea (more than 2 events) Excessive Daytime Sleepiness Known or Suspected OSA

 Snoring Difficulty breathing noted in sleep Atrial Fibrillation/Other arrhythmia

Change in weight + / - \_\_\_\_\_\_\_

Others reason/symptoms not listed above for HST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contraindications for HST: If any of these are present then patient should be referred for an in-lab attended study.**

* Moderate to Severe COPD (FEV1 <70%)
* Poorly controlled asthma (especially if effecting sleep)
* Moderate to Severe CHF (ordinary activity produces fatigue)
* Oxygen dependent
* Presently using narcotics (any amount)
* Cognitive impairment
* Physical impairment (adjusting straps to proper tightness, cannula in place, etc)
* 18 year of age or younger

 Less commonly seen but definite exclusions to Home Testing:

* Neuromuscular impairment - Recent h/o CVA (within 30 days)
* Seizure disorder not well controlled. - Previously Suboptimal HST (2 failed attempts)
* History of arrhythmias – VT/VF - Previous HST not showing OSA but ongoing symptoms
* Sleep disorders other than OSA:

Narcolepsy REM Behavior Disorder

Restless Leg Syndrome Central Sleep Apnea

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature / Date NPI

Provider Initials \_\_\_\_\_\_\_\_\_\_\_

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times.

Use the following scale to choose the **most appropriate number** for each situation:

0 = would **never** doze

1 = **slight chance** of dozing

2 = **moderate chance** of dozing

3 = **high chance** of dozing

***It is important that you answer each question as best you can.***

**Situational Chance of Dozing (0-3)**

Sitting and reading \_\_\_\_\_

Watching \_\_\_\_\_

Sitting, inactive in a public place (e.g. a theatre or a meeting) \_\_\_\_\_

As a passenger in a car for an hour without a break \_\_\_\_\_

Lying down to rest in the afternoon when circumstances permit \_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in the traffic \_\_\_\_\_

 TOTAL \_\_\_\_\_



LPA Sleep Wellness Center:



“X” Sleep Wellness Center, 2512 Langhorne Rd, 434-528-2194

“1” CVFP , Tate Springs Rd

“2” Centra Cardiology, Atherholt Rd