



Johns Hopkins Hospital Adult Sleep Disorders Center Request Form

office use only

C or L

Date of study:

Phone: 443-287-3313

Fax: 443-287-3312

Date of Request: _____

Patient Name: _____ Male ___ Female ___ JHH MR #: _____

Date of Birth: _____ Patient Contact Phone #: _____

Physician: _____ Specialty: _____ Phone: _____

Referrals to the Sleep Clinic :

Reason for Referral:

check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Suspected Sleep Apnea | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Hx of Sleep Apnea | <input type="checkbox"/> Restless Legs Syndrome |
| <input type="checkbox"/> CPAP / BiPAP re-evaluation | <input type="checkbox"/> Narcolepsy / Hypersomnia |
| <input type="checkbox"/> Pre-op Assessment | <input type="checkbox"/> Other : _____ |

Initial Sleep Clinic Evaluation **OR** Sleep Clinic Evaluation **after** sleep study

Referrals for Testing prior to evaluation in Sleep Clinic:

** direct referrals require documentation of need for sleep study, please include history and physical exam please complete H&P on page 2 and send clinic notes documenting H&P*

Polysomnography

Daytime Testing

- | | |
|---|--|
| <input type="checkbox"/> Standard Polysomnogram (room air) | <input type="checkbox"/> Multiple Sleep Latency Test (Standard Criteria) |
| <input type="checkbox"/> Standard Polysomnography on ___ L/min oxygen | <input type="checkbox"/> Maintenance of Wakefulness Test |
| <input type="checkbox"/> PSG with Seizure Monitoring Protocol (room air) | |
| <input type="checkbox"/> Extended PSG end time: _____ | |
| <input type="checkbox"/> Split night protocol (if AHI > 20 events / hour) | |
| <input type="checkbox"/> CPAP Titration | |
| <input type="checkbox"/> Bilevel PAP Titration | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> CPAP/Bilevel Study (Pressure = _____) | |

Special Needs or Instructions:

*I have discussed the procedure of a sleep study and CPAP titration with the patient. YES NO

*I would like a CPAP titration study if this baseline study is consistent with sleep apnea YES NO
(patient will need to be seen in Sleep Clinic prior to initiating CPAP therapy)

