



# Central Jersey Sleep Disorders Center

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## Sleep Study Referral Form

Please complete this form and fax it to the Central Jersey Sleep Disorders Center at the fax numbers above

Patient name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Address \_\_\_\_\_

Patient's Phone Number \_\_\_\_\_

### Indication for the test

- Snoring
- Witnessed apneas
- Excessive daytime sleepiness
- Nocturnal chest pain or dyspnea
- Nocturnal awakenings
- Ineffective CPAP
- Reevaluation of sleep apnea

- Restless legs
- Limb movements during sleep
- Unusual nocturnal motor activity
- Nocturnal asthma or dyspnea
- Headaches
- Cardiac arrhythmias
- Hypertension
- Obesity

### Diagnosis that needs to be ruled out:

- Obstructive Sleep Apnea
- Narcolepsy
- Periodic leg movements
- Restless Legs
- Nocturnal asthma or dyspnea
- REM Behavior Disorder
- Central Sleep Apnea

### Rx: SLEEP STUDIES ORDERED:

- Nocturnal Polysomnography - standard full Sleep Study. (attended sleep study in the sleep lab)
- Sleep Study with CPAP or BiPAP Titration (need to specify "sleep study with CPAP titration.")
- Sleep Study with Mandibular Advancement Device Titration
- Daytime Nap Study - 4 hour attended day-time Polysomnography
- Multiple Sleep Latency Test
- Maintenance of Wakefulness Test
- SIT Test for Restless Legs Syndrome

### Medical risk factors:

- Heart failure     Angina     Asthma     Emphysema/COPD     Hypoxia     Uses oxygen     Neuromuscular disease
- Arrhythmias     Incontinence     Nocturia     Peritoneal dialysis     Dentures     Hostile behavior
- Limited mobility     Needs a walker     Needs a wheelchair

Signature of referring/prescribing physician: \_\_\_\_\_

Name and fax number: \_\_\_\_\_

Signature of the sleep lab medical director: \_\_\_\_\_

**Note:** The sleep technicians are not licensed or authorized to administer any medication to the patient. All medication to be taken by the patient, including sleeping pills, must be ordered and acquired before coming to the sleep lab. The patient or referring doctor must provide a list of medications that will be taken.

**Note:** If the patient develops hemodynamic instability, respiratory distress, or cardiac arrhythmias beyond the known baseline rhythms, the medical director of the lab reserves the right to terminate the study and take any necessary medical measures to treat the patient.