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2741 Debarr Road, Suite C-308, Anchorage, AK 99507

Sleep Lab Direct Referral Form

Patient name: ______________________ Today's date: __________

Phone: __________ Sex: ________ DOB: ________ E-Mail: __________

Address: __________ City: __________ State: ______ Zip: ______

Insurance (Primary): ______________________ Policy #: __________

VA authorization code requested: ☐ Yes Date requested: __________ Diagnosis code: __________

Sleep testing only (Please attach most recent chart note)

- ☐ **Pediatric Sleep Study**
- ☐ **Diagnostic polysomnography** (No CPAP)
- ☐ **Split-night polysomnography** (Per American Academy of Sleep Medicine criteria)
- ☐ **PAP titration polysomnography** (Must have documented diagnosis of sleep apnea)
  Reason for titration: __________
- ☐ **Home sleep test** (HST)
- ☐ **Multiple sleep latency test** (MSLT)
- ☐ **Maintenence of wakefulness test** (MWT)

Sleep Consult Requests

- ☐ **Sleep consultation and management:** Sleep specialist to manage testing, treatment, and follow up.
- ☐ **CPAP management:** Continuity of care, compliance review, and sleep therapy education.

Urgency for Consult/Testing

- ☐ **Not urgent**
- ☐ **Urgent due to:**
  ☐ Driving risk ☐ Severe hypoxemia ☐ DoT/Job sensitive

Special Needs

- ☐ **Fall risk:** __________
- ☐ **Language barrier:** __________
- ☐ **Other:** __________

Indications for Sleep Apnea Testing

STOP-BANG assessment tool for sleep apnea

- ☐ **S**noring
- ☐ **T**iredness/fatigue/daytime sleepiness
- ☐ **O**bserved apnea
- ☐ **P**ressure: Hypertension
- ☐ **B**ody mass index (BMI) greater than 35?
- ☐ **A**ge older than 50 years?
- ☐ **N**eck circumference greater than 16 inches (if female) or 17 inches (if male)?
- ☐ **G**ender = male?

STOP-BANG questionnaire adapted with permission from Dr. Frances Chung and University Health Network, 2014.

Epworth Sleepiness Scale (ESS)

Total: __________ (See back of form for scoring)

Other associated symptoms and conditions

- ☐ Chronic opioid use: __________
- ☐ Atrial fibrillation or hypertension: __________
- ☐ Cardiovascular disease: __________
- ☐ Neurological disease: __________
- ☐ Related airway anatomy findings: __________
- ☐ Metabolic syndrome or ☐ Type 2 diabetes
- ☐ Chronic lung disease: __________
- ☐ Other: __________

Nocturnal oximetry testing *(please attach if done)*

Baseline O_2 sat: ________ Lowest O_2 sat: ________

Desat index: ________

Referring physician: ______________________ Phone: __________ Fax: __________

Signature: ______________________ Date: __________ Time: __________

PEAK NEUROLOGY
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Clinical Guidelines to Obstructive Sleep Apnea Screening & Diagnosis

Epworth Sleepiness Scale (ESS) (please indicate chance of falling asleep with the given options)

(0) Never doze (1) Slight chance of dozing (2) Moderate chance of dozing (3) High chance of dozing

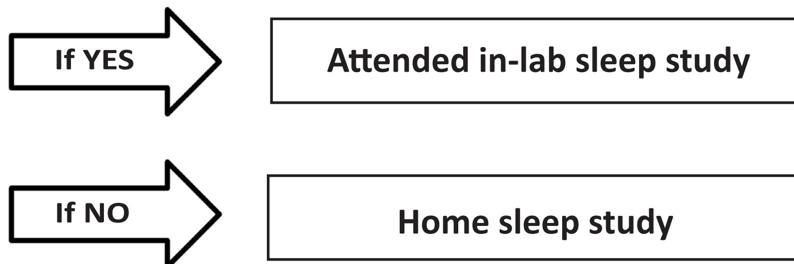
Situation				
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. theater or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car while stopped for a few minutes in traffic	0	1	2	3
EsSS total ("sleepy" is a score of 10 or greater):				

If STOP BANG is >3 and/or ESS is >10: **Sleep study is recommended**

Does the patient have one or more of the following?

- ☐ BMI > 40
- ☐ LVEF <30%
- ☐ Advanced COPD
- ☐ Neuromuscular disease
- ☐ Parasomnias/Limb movements during sleep
- ☐ Narcotic pain medication use (MEDD* >120mg or ongoing methadone treatment)

*MEDD = Morphine equivalent daily dose



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Correa D., Farney RJ., Chung F., Prasad A., Lam D., Wong J. Chronic opioid use and central sleep apnea: a review of the prevalence, mechanisms, and perioperative considerations. Anesth Analg. 2015 June; 120(6):1273-85. doi: 10 1213/ANE.0000000000000672