

Maine Sleep Institute

Phone: 662-4535

Fax 761-3021

Referral for Sleep Study

Patient Information

Last _____ First _____ MI ___ DOB ___/___/___

Street _____ City _____ State ___ Zip _____

Phone _____ Alternate Phone _____

Insurance _____ ID: _____ PCP _____

Referral Information

Referring Physician _____ Phone: _____ Fax: _____

Has insurance approval been acquired? Y N Procedure Code: _____ Date Range: _____

Reasons for Testing (check all that apply)

- Apnea Suspected Parasomnia Other: _____
Snoring Excess. Daytime Somnolence _____
Insomnia Seizure Disorder _____

Is patient currently on C-Pap? Y N

Has Patient has a prior sleep study elsewhere? Y N If yes, please include results if available.

Special Considerations

- Pediatric Patient under age 6 Needs Interpreter Other Needs _____
Needs Caregiver Language _____

Please include the following with your referral

- Office Notes Related to Sleep Allergies Current Medications Berlin Questionnaire/Epworth

Referrals must be reviewed and approved by our board certified sleep specialist. Once that process is complete, we will contact the patient to schedule the appointment and notify you of the results. The sleep specialist's office may contact your office or the patient should additional information be required.

Office Use Only:

Study to be read by: G. Bokinsky L. Kaminow C. Murry S. Gorman T. Mellow

Type of Test Requested

- Diagnostic PSG Only ASV Titration
Pediatric Pts: Monitor Legs ETCO₂ Split Night PSG with MSLT if AHI<5
 Split Night PSG (Dx + Tx PSG if criteria met) MWT
 AH1>20 AH1>30 CPAP Mask fitting Acclimation clinic
 Cpap/BiPap/ O2 Titration PSG Home Sleep Study
(Requires prior Dx of OSA by PSG) Parasomnia Montage Seizure Montage

Sleep Specialist Approval: _____, MD/DO Date: _____

Comments: _____

PATIENT: _____ DOB: _____ DATE: _____
 Height (m) _____ Weight (kg) _____ BMI _____

BERLIN QUESTIONNAIRE

CATEGORY 1:

1. Do you snore?

Yes No Don't Know

2. How loud is your snoring?

- _____ My snoring is as loud as breathing
- _____ My snoring is as loud as talking
- _____ My snoring is louder than talking
- _____ My snoring is very loud

3. How frequently do you snore?

- _____ Almost every day
- _____ 3 - 4 times per week
- _____ 1 - 2 times per week
- _____ 1 - 2 times per month
- _____ Never or almost never

4. Does your snoring bother other people? YES NO

5. How often have your breathing pauses been noticed?

- _____ Almost every day
- _____ 3 - 4 times per week
- _____ 1 - 2 times per week
- _____ 1 - 2 times per month
- _____ Never or almost never

CATEGORY 2:

6. Are you tired after sleeping?

- _____ Almost every day
- _____ 3 - 4 times per week
- _____ 1 - 2 times per week
- _____ 1 - 2 times per month
- _____ Never or almost never

7. Are you tired during waketime?

- _____ Almost every day
- _____ 3 - 4 times per week
- _____ 1 - 2 times per week
- _____ 1 - 2 times per month
- _____ Never or almost never

8. How often do you nod off or fall asleep while driving?

- _____ Almost every day
- _____ 3 - 4 times per week
- _____ 1 - 2 times per week
- _____ 1 - 2 times per month
- _____ Never or almost never

CATEGORY 3:

9. Do you have high blood pressure?

Yes No Don't know

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation:

0 = No chance, 1 = Slight chance, 2 = Moderate chance, 3 = High chance

| <i>SITUATION</i> | <i>CHANCE OF DOZING</i> |
|---|-------------------------|
| Sitting and reading | |
| Watching TV | |
| Sitting, inactive in a public place (i.e. 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 traffic | |
| Total | |