REQUISITION FORM FOR
SLEEP STUDY SERVICES

Fax to: (808) 969-8189 Hilo
Fax to: (808) 327-4506 Kona
Fax to: (808) 483-8822 O'ahu

Premier Neurology and Sleep Medicine Center

☐ **Pearl City**	☐ **Honolulu**	☐ **Kailua Kona**	☐ **Hilo**
98-1238 Kaahumanu St #300	1188 Bishop St #2511-12	75-167 Kalani St #205	56 Kamehameha Ave
Pearl City, HI 96782	Honolulu, HI 96813	Kailua Kona, HI 96740	Hilo, HI 96720
(808) 456-REST (7378)	(808) 456-REST (7378)	(808) 32-SNOOZ (76669)	(808) WOW-REST (969 -7378)

PATIENT INFORMATION:

Name:____ Date of Birth: _____/______/_______

Address: ____

Home Phone: ____________________ Cell Phone:____________________

E-mail Address: ____

INSURANCE INFORMATION: **Please check with insurance carrier to obtain prior authorization if applicable.**

Insurance Carrier: ____________________ Member#:____________________ Auth#:____________________

Responsible Party name: ____________________ Responsible Party DOB:______/_______/_____

REFERRING PHYSICIAN: ____________________ Specialty: ____________________ Contact Person: ____________________

Phone: ____________________ Fax: ____________________ Email Address: ____________________

Address: ____________________ Cc: Physician: ____________________

TYPE OF SERVICE REQUESTED: Please check at least one box before submitting.

- ☐1. **Referral to Sleep Specialist** for initial consult, evaluation, sleep study, treatment and follow-up as needed ***(RECOMMENDED)***
- ☐2. **Baseline Sleep Study** Video-Polysomnography (Diagnostic overnight sleep test, from 8:00 p.m. to 6:00 a.m.) CPT 95810
- ☐3. **Split-Night Sleep Study** (Combined diagnostic sleep test/CPAP titration, 8:00 p.m. to 6:00 a.m.) CPT 95811
- ☐4. **CPAP/BiPAP titration** Continuous and Bilevel Positive Airway Pressure (Titration treatment night, 8:00 p.m. to 6:00 a.m.) CPT 95811
- ☐6. **Pediatric (Younger than 6) Baseline Sleep Study** Video-Polysomnography (Diagnostic overnight sleep test, 8:00 p.m. to 6:00 a.m.) 95782
- ☐7. **Pediatric (Younger than 6) Split-Night Sleep Study** (Combined diagnostic sleep test/CPAP titration, 8:00 p.m. to 6:00 a.m.) 95783
- ☐8. **MSLT/MWT** Multiple Sleep Latency Test /Maintenance of Wakefulness Test (Daytime nap study, 6:00 a.m. to 5:00 p.m.) CPT 95805
- ☐9. **CPAP/BiPAP (DME)** device, interface (mask), and accessories dispensing
- ☐10. **Home Sleep Test (HST)** also called "Out of Center Sleep Test" CPT G0399

SUSPECTED SLEEP DIAGNOSIS: ☐**Obstructive Sleep Apnea** ☐**Other:** ____________________

Duration of Symptoms: ____________________ **Medical Hx:**____________________

Ambulatory Patient: ☐Yes ☐No   Requires Personal Assistance: ☐Yes ☐No

PLEASE CHECK ALL THAT APPLY:

- ☐ Apnea Observed
- ☐ Snoring
- ☐ Gasping at night
- ☐ Choking
- ☐ Non Restorative Sleep
- ☐ Small Oropharynx
- ☐ Mallampati grade 1, 2, 3, 4
- ☐ Enlarged tonsils
- ☐ Enlarged tongue
- ☐ Short/thick neck

- ☐ Neck circumference > 17 in males, > 16 in females
- ☐ Retrognathia / Micrognathnia
- ☐ Obesity
- ☐ Recent Weight Gain ____lbs
- ☐ Cardiac Arrhythmias
- ☐ Hypertension
- ☐ Heart Failure
- ☐ O2 at ____L/min

- ☐ Diabetes
- ☐ Hypercholesteraemia
- ☐ Metabolic Syndrome
- ☐ Difficulties with current CPAP/BiPAP
- ☐ Headache during morning hours
- ☐ Excessive Daytime Somnolence
- ☐ Impaired intellectual functioning
- ☐ positive STOP-BANG screen

- ☐ Restless Legs/Periodic Limb Movements during sleep
- ☐ Post Stroke
- ☐ Narcolepsy /Cataplexy
- ☐ Unusual or violent nocturnal movement
- ☐ Nocturnal Seizure
- ☐ Teeth grinding (Bruxism)
- ☐ Fragmented Sleep

- ☐ Insomnia
- ☐ Depression
- ☐ Anxiety

CHILDREN (2 Years+)

- ☐ Snoring (is always abnormal)
- ☐ Failure to grow
- ☐ ADHD
- ☐ Craniofacial Abnormalities / Genetic Syndrome

Age:	**Wt:**	**Ht:**	**BP:**	**Pulse:**	**Gender**	**Adult or Child**

Referring physician's signature: ____________________ Date: ____________________

Reviewed by ABMS Board Certified Sleep Specialist:
Gabriele M. Barthlen, M.D, PH. D. FAASM, ____________________

Reviewed by ABMS Board Certified Sleep Specialist
Michael R. Slattery MD FAASM ____________________

To print additional requisition forms, please visit www.sleepcenterhawaii.com/referral-forms/

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