

REFERRAL TO SLEEP DISORDERS LABORATORY

Patient's Name: _____ CPI No.: _____

For Evaluation Of:

Sleepiness: _____ Age: _____
Snoring: _____ Weight: _____
Witnessed apneas: _____ Height: _____
Nocturnal Events: _____ Bedtime: _____
Other: _____

A. OBSTRUCTIVE SLEEP APNEA, EDS, NARCOLEPSY, etc.

1. PSG (Polysomnogram baseline) _____

- a) with Pes _____
- b) with ETCO₂ _____
- c) with video _____
- d) _____

2. CPAP titration _____

- a) with Pes _____
- b) with ETCO₂ _____
- c) consider BIPAP if _____
- d) consider BIPAP with S/T mode if _____
- e) consider O₂ supplementation if _____
- f) _____

3. CPAP/BIPAP re-titration start at _____ cm of water (current setting: _____ cm)

4. Split night if:
- a) when RDI > _____
 - b) ONLY after REM sleep AND/OR supine sleep _____
 - c) _____

5. MSLT on the following day _____

B. PARASOMNIA (Includes 4 limb EMG and video)

- a) _____ 1 night ONLY
- b) _____ 2 nights

C. SEIZURES _____ (Includes 16 EEG channels and video)

D. Special Accommodations: _____ (oxygen, lift, crib, etc.)

House officer: _____ Attending: _____ Date: _____