Place Patient Label Here

PHOEBE PUTNEY MEMORIAL HOSPITAL

PHOEBE SLEEP DISORDERS CENTER
Staff Physician and PSG Interpretation Physician's Order Sheet

Name: _____ Sex: _____ DOB: _____ SS#: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Presenting Symptoms:

Sleep disordered breathing (780.53):
[ ] Snoring
[ ] Excessive daytime somnolence
[ ] Witnessed apnea
[ ] Awakening gasping for breath
[ ] Non-restorative sleep
[ ] Morning headaches
[ ] Morning dry mouth
[ ] Nocturnal Hypoventilation
[ ] Other (specify)
_____
_____

Narcolepsy (347):
[ ] Sleep paralysis
[ ] Cataplexy
[ ] Hypnagogic hallucinations
[ ] Excessive daytime somnolence
[ ] "Sleep Attacks"
[ ] Other (specify)
_____
_____

Periodic limb movements or restless legs syndrome (333.99):
[ ] Leg restlessness or jerks
[ ] Frequent awakenings
[ ] Creeping/crawling in legs
[ ] Other (specify)
_____
_____

Parasomnias: [ ] Sleep Walking [ ] Seizures [ ] Other (specify):
_____

Comments: _____

Medications
_____ _____ _____
_____ _____ _____

Physician exam: Height _____inches Weight _____lbs. Neck Circumference _____inches B/P _____ Epworth Score _____

[ ] Nasal obstruction
[ ] Crowded oropharynx
[ ] Crowded hypopharynx
[ ] Enlarged tonsils
[ ] Enlarged tongue
[ ] Obesity
[ ] Hypertension
[ ] Teeth worn
[ ] Retrognathia/micrognathia
[ ] Over/under bite
[ ] Maxillomandibular abnormalities
[ ] Enlarged neck circumference

Comments: _____

Past Medical History:
[ ] Cardiovascular Disease (known cardiac arrhythmias) _____
[ ] Diabetes: _____
[ ] Neuromuscular Disease: _____
[ ] Pulmonary Disease: _____
[ ] Allergies: _____
[ ] Other: _____

Please <u>check all that apply</u> or deviations from lab protocols which also apply:
[ ] Polysomnogram and CPAP/BiPAP Titration ONLY if Polysomnogram is positive (two separate nights)
[ ] Polysomnogram, only [ ] CPAP/BiPAP, only
[ ] End Tidal Co2 Monitor
[ ] Oxygen Administration (instructions) _____
[ ] Multiple Sleep Latency Test (MSLT) [ ] Maintenance of Wakefulness Test

MSLT to be performed (<u>Check One</u>)
[ ] Regardless of previous nights PSG results [ ] If no significant OSA on during PSG (RDI < 5.0)
[ ] Only under the following conditions: _____

Diagnostic Goals:
[ ] R/O OSA
[ ] R/O CSA
[ ] R/O PLMs
[ ] R/O Nocturnal Hypoventilation
[ ] R/O Narcolepsy or Idiopathic hypersomnolence
[ ] R/O Narcolepsy or Idiopathic hypersomnolence
[ ] R/O Parasomnia (specify) _____
[ ] Other _____

CAUTION! ***Patient instructed not to take the following medications prior to sleep study:***
_____

_____ _____ _____
Physician's Signature **Date** **Time**

DTPH002