

VERMONT MEDICAL SLEEP DISORDERS CENTER
139 Pearl Street, Essex Jct , VT. 05452, 812 Exchange Street, Middlebury, VT. 05753,
6 Home Health Circle, St. Albans, VT. 05478 Phone (802) 878-4445, Fax (802) 878-3757

Physician Referral & Order Form

Patient Name: _____ **DOB:** _____ **Phone:** _____

Social Security#(optional) _____ **Work#** _____ **Cell#** _____

Address: _____ **Town/State/Zip** _____

Insurance: _____ **Ins. ID #:** _____ **Grp#** _____

Secondary Ins. _____ **Ins. ID#:** _____ **Grp#** _____

Physician: _____ **Physician Phone:** _____

Procedure Requested:

- Polysomnography Only** **Home Sleep Test (HST)**
 Consultation Only **Polysomnogram and Subsequent treatment w/CPAP and follow-up
with Board Certified Sleep Specialist**

Criteria for Polysomnography: *Must have at least one Absolute Indication or two Relative Indications.*

Absolute Indications:

- ___ Witnessed sleep apnea
___ Daytime severe hyper somnolence (falling asleep while engaged in specific activities such as talking, driving, operating equipment, or in public where somnolence would appear abnormal). This corresponds to an Epworth Sleepiness scale reading of >10.
___ Polysomnography is routinely indicated for the night preceding a Multiple Sleep Latency Test for the diagnosis of Narcolepsy.
___ Polysomnography is indicated to titrate nasal CPAP.
___ Polysomnography is indicated to follow up surgical or oral appliance therapy in cases of moderate or severe sleep apnea, or in cases of nocturnal hypoxemia prior to therapy.
___ Polysomnography is indicated for sleep behaviors suggestive of a parasomnia that are typical because of the time, duration, frequency of occurrence, or specifics of the behavior (e.g.. Stereotypical, repetitive, or focal).
___ Polysomnography is indicated when the presumed parasomnia, or sleep-related epilepsy does not respond to the usual therapy.

Relative Indications:

- ___ Relative daytime hyper somnolence (falling asleep reading or watching television). This corresponds to an Epworth Sleepiness Scale of 5-10.
___ In Children, daytime somnolence may be manifest by impulsive behavior, hyperactivity, or inattention.
___ Obesity and smoking.
___ Morning sluggishness.
___ Personality changes.
___ Poor judgment, work-related problems, memory impairment, cognitive impairment.
___ Evidence of disordered sleep including loud cyclic snoring, restlessness, thrashing, morning headaches, limb twitching.
___ Sleepwalking or night terrors in children.
___ Potentially dangerous behavior for the patient or bed partner.
___ Secondary enuresis.
___ Frequent nocturnal awakenings.

- Nasal CPAP / BiLevel Titration**
Prior Polysomnogram Date: _____ **Location:** _____ **RDI:** _____ **O2 Saturation:** _____
 Multiple Sleep Latency Test (MSLT) **Epworth Rating:** _____
 DME –Please Provide CPAP / BILEVEL & INTERFACE

PCP Signature _____ **Date** _____ **Referring Physician Signature** _____ **Date** _____ **Sleep Specialist Signature** _____ **Date** _____

- Please send any “clinical notes” pertaining to this order. x:\!vmsdc files\lab forms\medical necessity-referral form-vt.doc