

**Please choose the interpreting physician for your patient's study:**

- 
- No Preference
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- Gary Stanton, M.D.
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- Terese Hammond, M.D.
- 
- Meena Mehta, M.D.

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Wt \_\_\_\_\_ lbs.

Patient Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ Alternate

Usual Workday Bedtime \_\_\_\_\_ AM/PM Usual Non-Workday Bedtime \_\_\_\_\_ AM/PM

**STUDY REQUESTED (Please Check Appropriate Boxes):**

- |   |   |
|---|---|
| <input type="checkbox"/> Standard Sleep Study (Split) | Polysomnogram (PSG) will include CPAP initiation and titration if appropriate clinical criteria are met. If criteria are met too late for treatment, patient will be scheduled for a subsequent CPAP titration night. |
| <input type="checkbox"/> Screening Sleep Study        | All night diagnostic PSG. CPAP will not be applied unless severe apnea is present.  |
| <input type="checkbox"/> All Night PAP Titration      | <b>Sleep Apnea Syndrome must already be PSG-documented. Date of previous PSG: ____/____/____</b><br>Positive airway pressure will be titrated to optimal pressure level.  |

**FOR PAP TESTING ONLY:**    \_\_\_\_ CPAP    \_\_\_\_ Bi-Level \*    \_\_\_\_ ASV \*    \* CPAP must be previously proven ineffective  
 If your patient may be claustrophobic or an insomniac, consider prescribing a short-acting anxiolytic (e.g.; 0.5 to 1 mg. of lorazepam) for the patient to self-administer in the lab. If medication that may cause sedation is prescribed, advise the patient NOT to drive at the completion of the test.

- |   |  |
|---|--|
| <input type="checkbox"/> Narcolepsy Study | All night screening sleep study with next day MSLT (Multiple Sleep Latency Test) |
| <input type="checkbox"/> Other:           | _____  |

**CPAP EXPRESS Care<sup>SM</sup>** I authorize Emerson Hospital Sleep Disorders Program to coordinate home CPAP, if clinically warranted, via its preferred DME vendor. Patient will use an auto titrating CPAP, incorporating a heated humidifier, delivering pressure from 6 cm H<sub>2</sub>O to 3 cm H<sub>2</sub>O above "optimal" pressure. If optimal device is Bi-Level or ASV, script will follow and patient will be set up upon receipt of signed script.

**SUSPECTED DIAGNOSIS (Please Check Appropriate Boxes):**

- |  |   |
|--|---|
| <input type="checkbox"/> Sleep Apnea/Upper Airway Resistance Syndrome          | <input type="checkbox"/> Narcolepsy with or without Cataplexy |
| <input type="checkbox"/> Periodic Limb Movement Disorder/Restless Leg Syndrome | <input type="checkbox"/> Sleep-Associated Seizures            |
|  | <input type="checkbox"/> Other: _____                         |

**MEDICAL/SLEEP HISTORY / SYMPTOMS (Please Check Appropriate Boxes):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Excessive Sleepiness  | <input type="checkbox"/> Sleep Walking                 | <input type="checkbox"/> Depression                 |
| <input type="checkbox"/> Snoring               | <input type="checkbox"/> Bruxism                       | <input type="checkbox"/> Hypertension               |
| <input type="checkbox"/> Overweight            | <input type="checkbox"/> Seizures                      | <input type="checkbox"/> CHF                        |
| <input type="checkbox"/> Apneas                | <input type="checkbox"/> Muscle / Joint Aches          | <input type="checkbox"/> Pulmonary Disease          |
| <input type="checkbox"/> Insomnia              | <input type="checkbox"/> Leg Cramps, Movements / Jerks | <input type="checkbox"/> Arrhythmia (specify) _____ |
| <input type="checkbox"/> Nightmare             | <input type="checkbox"/> Sinusitis / Rhinitis          | <input type="checkbox"/> Anxiety                    |
| <input type="checkbox"/> REM Behavior Disorder | <input type="checkbox"/> Diabetes                      |   |

Oxygen: \_\_\_\_ L/min.      \_\_\_\_ Nocturnal      \_\_\_\_ Dental Appliance      \_\_\_\_ HX Upper Airway Surgery

**SPECIAL NEEDS / ISSUES THAT MAY AFFECT PATIENT OR TECHNOLOGIST COMFORT/SAFETY:**

- |   |  |
|---|--|
| <input type="checkbox"/> Tape, Latex, Talc or other Allergies: _____<br><input type="checkbox"/> Medication Adverse Reactions: _____<br><input type="checkbox"/> Psychiatric Problems that may affect study (Specify): _____<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> CPAP Compliance Problems<br><input type="checkbox"/> Walker, Wheelchair, Assistance Walking<br><input type="checkbox"/> Incontinence Problems<br><input type="checkbox"/> Translator – Language: _____<br><br><b>Medications: Technologists may NOT administer oral or injectable medication in the lab. The patient's medications can only be self-administered.</b> |
|---|--|

**I authorize Emerson Hospital Sleep Disorders Program to conduct the above named study.**
**Requesting Physician:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **DIRECTIONS**

**Emerson Hospital  
133 Old Road to Nine Acre Corner (ORNAC)  
Concord, MA 01742**

**After hours Sleep Center Phone Number: 617-823-6635**

To reach the Sleep Center on the evening of your study after 7:00p.m. (i.e. running late, lost, etc.), please use the number listed above.

### **From the East**

From Route 95/128, take the exit for Route 2 West. Follow Route 2 West to Concord. Route 2 takes a sharp turn to the left at the intersection of Route 2A (at the bottom of the hill). Stay on Route 2 past two more intersections (Walden Pond/Route 126 and Sudbury Road.) Take your next left at the lights. The Emerson Hospital entrance will be on the left.

### **From the West**

Take Route 2 East or 2A/119 East to the Concord rotary. Follow Route 2 East for approximately another mile, through 3 sets of lights. We are located immediately after Route 62, on the right.

### **Parking**

The entrance to the parking garage is located opposite the main entrance of the hospital. Park on Level 1 or above. There is no charge for parking if you leave before 7:00 a.m. the morning after your test. Otherwise, the charge is approximately \$6.00.

## **ONCE YOU ARRIVE AT EMERSON HOSPITAL**

Go in the main entrance of the hospital and check in if you haven't pre-registered. From the main entrance of the hospital, go down the hall, past the red Bank of America ATM and take your first left. Look for the North elevators. Take elevator A to the 4<sup>th</sup> floor. Exit the elevator and take a left at the glass window. Go through the double doors and take a right at the reception desk. The Sleep Center is located in the rooms on the left. The Sleep Center is approximately 30 feet from the elevators.