

Sleep Medicine Referring Physician Order Form

Indiana University Health

Check which location is preferred

IU Health Arnett Sleep Medicine
3900 McCarty Lane, Suite 101
Lafayette, IN 47905
T 765.838.5700 | F 765.838.5701

IU Health White Memorial Hospital
720 S. Sixth Street
Monticello, IN 47960
T 574.583.1767 | F 574.583.1791

Patient Information

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work or Cell Phone: _____

Age: _____ Ht: _____ Wt: _____ Gender: Male Female

Typical Sleeping Hours: Days: _____ Nights: _____ Evenings: _____ When to when? _____ - _____

Primary Care Physician: _____

Phone: _____ Fax: _____

Ordering Physician: _____

Phone: _____ Fax: _____

Sleep History

- | | | |
|---|--|---|
| <input type="checkbox"/> Cataplexy | <input type="checkbox"/> Daytime Sleepiness | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Morning Headaches | <input type="checkbox"/> Obesity/Weight Gain | <input type="checkbox"/> Sleep Paralysis |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Snoring | <input type="checkbox"/> Witnessed Apneas |
| <input type="checkbox"/> Other/Explain: _____ | | |

Medical Conditions

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> CAD/MI/pacemaker | <input type="checkbox"/> CHF | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Dementia | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Rhythm Abnormality | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Stroke/Weakness | <input type="checkbox"/> Other: _____ | |

Family/Social/Psychiatric History

Special Needs: _____

Oxygen: _____ Communication Problems: _____

Wheel Chair/Mobility Problems: _____

Consultation with Sleep Physician: Before any sleep test After sleep test

Requested Study

- Standard Polysomnography (split night study with CPAP if criteria met)
- CPAP Titration
- Standard Polysomnography Only (no CPAP therapy will be initiated)
- Titration follow-up (Patient already using CPAP and/or oxygen)
- VPAP Titration (if recommended from previous sleep study by sleep physician)
- Multiple Sleep Latency Test (daytime nap study). Standard PSG will be performed the night before.
- Maintenance of Wakefulness Test (daytime alertness study, following morning after overnight study)
- ASV titration (if recommended from previous sleep study by sleep physician)
- Home Sleep Study (if criteria met)

Diagnosis

- Unspecified Sleep Disturbance Obstructive Sleep Apnea REM Sleep Behavior Disorder
 Periodic Limb Movement Disorder Hypersomnia Other: _____

Office Personnel: Please include face sheet with any clinical notes as well as any previous sleep studies.

Physician/Licensed Independent Practitioner Signature/ID Number

Date/Time



Arnett Physicians

iuhealth.org/arnettreferral