

SLEEP STUDY REQUISITION FORM

PATIENT NAME:

MGH UNIT NUMBER:

REFERRING PHYSICIAN:

TYPE OF STUDY REQUESTED (please check one):

ALL-NIGHT SLEEP STUDY WITH OPTION FOR CPAP (“split-night” study)

This is the most common type of test, ordered for most patients with sleep disorders. It is a routine sleep study, looking for a broad range of sleep disorders, with the added advantage that if obstructive sleep apnea is present and severe, then a trial of CPAP will occur mid-way through the night.

ALL-NIGHT SLEEP STUDY WITHOUT CPAP (“diagnostic-only study”)

ALL-NIGHT SLEEP STUDY WITH CPAP TREATMENT (“titration study”)

This study is ordered when a person already carries a diagnosis of sleep apnea and you want to then test what pressure of CPAP is needed or want to see the adequacy of the current CPAP being used.

ALL-NIGHT SLEEP STUDY WITH FULL EEG

This test is often used when evaluating nocturnal seizures, parasomnias, or more complex neurologic cases. Generally, a neurologist should be consulted before ordering this test.

MSLT (“nap study”)

This test is used in conjunction with an all-night sleep study to assess for narcolepsy, or idiopathic hypersomnolence. In keeping with the guidelines of the American Academy of Sleep Medicine, an all-night sleep study will be conducted the night before an MSLT when ordering this test.

OTHER (Describe) _____

QUESTION TO BE ANSWERED (signs, symptoms, diagnosis, etc.): _____

Physician Signature: _____

Phone Number: _____

Physician Name (Printed): _____

Fax Number: _____

***Please remember to include the following along with this requisition:**

- Recent clinic note, typed
- All prior sleep study reports (including home sleep tests)
- CPAP compliance report (if applicable)
- ESS score