

**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