



PHYSICIAN SLEEP EVALUATION AND ORDER

ATTACH: PATIENT DEMOGRAPHIC & INSURANCE INFORMATION, CURRENT H&P AND LAST TWO OFFICE VISIT NOTES

Patient Name: _____ SSN: _____ Date: _____

DOB: _____ HT: _____ WT: _____ PHONE: _____

HISTORY OF PRESENT ILLNESS / SUPPORTING DX AND SYMPTOMS:

Table with 3 columns of symptoms: Loud or Disruptive Snoring, Excessive Daytime Sleepiness, Sleep Fragmentation, Choking/gasping during sleep, Shortness of Breath/Dyspnea, Hypoxemia, Witnessed Apnea, Fatigue or Malaise, Sleep Walking/Talking, Nocturia, Nocturnal Leg Movements, PAP compliance problems, Morning Headaches, Inappropriate daytime naps, Cataplexy, Impaired Cognition, Mood Disorder, and Other.

PAST MEDICAL HISTORY:

Table with 5 columns of medical history: Hypertension, COPD, Diabetes, Seizures, Obesity, Stroke, CHF, Atrial Fib, Ischemic Heart Disease, and Other. Includes fields for Previous Sleep Study and Currently on CPAP.

IMPRESSION / PRIMARY DX: MUST HAVE AT LEAST ONE PRIMARY DX

Table with 2 columns of diagnosis codes: G47.30, G47.33, G47.10, F51.01, G47.36, G47.61, G25.81, G47.20, G47.419, G47.411, and Other.

TREATMENT PLAN: I authorize the following tests and evaluations as medically necessary based on the above symptoms and diagnosis.

Table with 3 columns: Test/Evaluation, CPT Code, and Description. Includes options like Evaluate and Treat, Polysomnogram (PSG), CPAP / BiLevel Titration, Follow up Titration Study, Split Night Study, MSLT, PAP Nap, and Consultation with Sleep Specialist.

Special Instructions:

Provider Name: _____ NPI: _____

Phone: _____ Fax: _____

Provider Signature: _____ Date: _____

OFFICE USE ONLY: MD APPROVAL FOR AASM ACCREDITATION STANDARD C-2-F

STUDY APPROVED: YES NO, Study Ordered: _____

COMMENTS: _____

MEDICAL DIRECTOR SIGNATURE: _____ DATE: _____