



CULLMAN
REGIONAL
Sleep Center

Sleep Center
Professional Office Building 3, Suite 202
1800 Alabama Highway 157
Cullman, AL 35058
Phone: (256) 297-4198
Fax: (256) 737-2756

OUTPATIENT SLEEP STUDY ORDER

Patient Name: _____
Date of Birth: _____ Phone number: _____

SLEEP PROBLEMS

Excessive daytime sleepiness	Snoring	Sleepwalking
Frequent awakenings	Tiredness/fatigue	Shiftwork
Witnessed apnea	Insomnia	Other: _____

TEST ORDERED

<p><input type="checkbox"/> Diagnostic Study</p> <p style="padding-left: 20px;"><input type="checkbox"/> Split night per protocol</p> <p style="padding-left: 20px;"><input type="checkbox"/> Expanded EEG (Temporal, unless other wise specified)</p> <p style="padding-left: 20px;"><input type="checkbox"/> MSLT if negative for OSA</p>	<p><input type="checkbox"/> CPAP Titration Study</p> <p style="padding-left: 20px;">* Previous Diagnostic Sleep Study required</p> <p style="padding-left: 20px;"><input type="checkbox"/> Begin at home pressure</p> <p style="padding-left: 20px;"><input type="checkbox"/> MWT (Maintenance of wakefulness)</p>
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Medication(s): Patient may self-medicate with own prescribed medication(s) for sleep study.

Standing order: Sleep Aid* for sleep initiation/maintenance (Follow Policy #7-5)
 *Trazodone 50mg PO — may repeat Trazodone 50mg PO for continued wakefulness
 *Zolpidem CR 6.25mf PO (prior to 2330 hrs) if unable to take Trazodone

If unable to take Trazodone or if insomnia persists after 100mg Trazodone after midnight, then give Zaleplon (Sonata) 10mg

- Sinemet 25/100mg PO, if needed for limb movements with arousals
- Clonazepam 0.5mg PO for PLMs with arousals that persist after Sinemet is given
- Imodium AD PO PRN diarrhea dosage: Adults: 4mg; Children 6-12 yrs. Old: 2mg; Children 2-6 yrs old: 1mg
- Acetaminophen 650mg PO every 4 hours PRN pain. If patient prefers, may give ibuprofen 400mg PO q 6 hrs. PRN pain
- Mylanta, 1 tablespoon PO PRN indigestion
- Robitussin DM 1-2 teaspoons PO every 4 hours PRN for cough
- Neo-Syneprine Nasal Spray: 2 sprays in each nostril x 1 PRN congestion

***We are required by the American Board of Sleep Medicine to obtain a recent H&P for all patients referred for a direct sleep study. Please include the latest office note and fill out the H&P on the back of this sheet. Also include a list of medications and any insurance information you may have.**

Referring Physician Signature _____ Date/Time: _____

FOR OFFICE USE ONLY

Study Confirmed H & P

Date Scheduled: _____ S M T W Th F Time: _____ Monitoring Tech: _____

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PATIENT HISTORY & PHYSICAL

Patient Name: _____
Date of Birth: _____ Phone number: _____
Referring Physician Name: _____
Office Phone: _____ Office Fax: _____

HISTORY & PHYSICAL

Height: _____ Weight: _____ Epworth Sleepiness Score: _____

MEDICAL CONDITIONS/ALLERGIES

Hypertension	GERD	COPD/Asthma
CHF	Diabetes	Allergies:
Cardiac arrhythmias	Stroke/seizures	Other:

DIAGNOSIS

Sleep apnea	Narcolepsy	Insomnia
Morning headaches	Hypersomnia	Nocturnal seizures
PLMD/ restless legs	Sleepwalking	Other:

SPECIAL NEEDS

Supplemental O ²	ADA Room	Seizure montage
Wheelchair/assistance walking	Incontinence problems	Tape, latex or talc allergy
Other:		

FOLLOW-UP REVIEW RESULTS WITH THE PATIENT

- Prescribing physician Interpreting physician—the center will schedule patient with a sleep specialist

CPAP TREATMENT

- Prescribing physician Interpreting physician—requires patient be seen by a sleep specialist

FOR OFFICE USE ONLY

Signature: _____ Date: _____

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