

# EVALUATION REQUEST



Date \_\_\_\_\_ Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Phone \_\_\_\_\_ Insurance Name/ID \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**To help serve you better, please fax the following with your request:**

- Patient demographics (face sheet, address, phone)       Insurance cards (front and back)  
 Most recent office notes applicable to this study       Medication list

## Physician Orders and Special Instructions

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Evaluation from Sleep Specialist prior to Study<br>Name of Specialist and phone # if previously evaluated:<br>_____<br>_____ | <input type="checkbox"/> Multiple Sleep Latency Testing (MSLT)<br><input type="checkbox"/> CPAP/Bi-PAP titration study with video<br><input type="checkbox"/> Routine EEG – Sleep deprived with video<br><input type="checkbox"/> EEG – Extended monitoring up to 1 hour<br><input type="checkbox"/> EEG – Extended monitoring more than 1 hour _____ # of hours<br><input type="checkbox"/> EEG – 24 hours with video<br><input type="checkbox"/> EEG – 48 hours with video | <input type="checkbox"/> Other<br>_____<br>_____<br><input type="checkbox"/> Other<br>_____<br>_____<br><input type="checkbox"/> Other<br>_____<br>_____ |
|---|--|--|

## For Sleep Study Patients

Normal Patient Bedtime \_\_\_\_\_ Does the patient sleep on a hospital bed at home? \_\_\_\_ Yes \_\_\_\_ No

## For All Patients

Symptoms \_\_\_\_\_

Suspected Diagnosis \_\_\_\_\_ Known Diagnosis \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Name \_\_\_\_\_ Fax \_\_\_\_\_

Check here if faxed copy of orders is acceptable as equivalent to original

## Clinical Comments, Concerns or Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report to be forwarded to:  Main office at: \_\_\_\_\_  
 Satellite office at: \_\_\_\_\_  
 By fax to: \_\_\_\_\_  
 Other: \_\_\_\_\_

*Pediatric Sleep Institute will contact your patient to schedule the study and will notify your office of the appointment time.*