OCEAN SLEEP MEDICINE

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AASM ACCREDITED Facility Member™

PEDIATRIC (0-18) PATIENT ORDER FORM

Please include copy of insurance authorization, patient's insurance card, I.D., and recent clinical notes.

PATIENT INFORMATION

Name: ______________________ Date of birth: ______________

Address: ____
Street *City* *State* *Zip Code*

Preferred Phone: ______________________ Work Phone: ______________________

Email: ____

Insurance: ______________________ ID#: ______________________

SYMPTOMS/SIGNS

☐ Daytime sleepiness
☐ Difficulty falling asleep
☐ Difficulty Staying asleep
☐ Snoring
☐ Obstructive apnea
☐ Central apnea
☐ Morning headache
☐ Nighttime sweating
☐ Restless legs
☐ Parasomnias (Sleep walking, etc.)
☐ Bruxism
☐ Seizures
☐ Unusual sleep behavior
☐ Cardiac disorder
☐ Pulmonary disorder
☐ Neurological disorder
☐ Other disorder: ______________________

Clinical Question - what diagnosis are you suspecting?

☐ Obstructive Apnea
☐ Central Apnea
☐ Mixed Apnea
☐ Narcolepsy
☐ Parasomnias
☐ Periodic Limb Movement
☐ Restless Leg Syndrome
☐ Seizures
☐ Insomnia
☐ REM Behavior Disorder
☐ Other: ______________________

SERVICE REQUESTED

☐ **Diagnostic Sleep Study** *(All night polysomnogram)*

☐ **CPAP/BiPAP Titration Study** *(All night titration for documented sleep apnea)*

☐ **Multiple Sleep Latency Test (MSLT)/Maintenance of Wakefulness Test (MWT)** *(Daytime nap test following a full night diagnostic PSG study to diagnose narcolepsy or idiopathic hypersomnia)*

☐ **CPAP Desensitization Program**

☐ **Sleep Clinic Consultation** *(Specialist evaluation, testing and treatment)*

Special Needs: ☐ Nocturnal O_2 ☐ Interpreter, Language: ______________ ☐ Wheelchair

ADDITIONAL CLINICAL INFORMATION

Nasal passage:

☐ Clear ☐ Obstructed ☐ Rhinitis/sinusitis ☐ Other: ____________________

Tonsillar size:

- ☐ O [Tonsils fit within tonsillar fossa]
- ☐ I+ [Tonsils occupy <25% of space between pillars]
- ☐ 2+ [Tonsils occupy <50% of space between pillars]
- ☐ 3+ [Tonsils occupy <75% of space between pillars]
- ☐ 4+ [Tonsils occupy >75% of space between pillars]
- ☐ Removed
- ☐ Unknown

Pharyngeal size (Mallampatti score):

- ☐ Class I
- ☐ Class II [Visualization of soft palate, fauces, uvula]
- ☐ Class III [Visualization of soft palate and base of uvula]
- ☐ Class IV [Soft palate not visible at all]
- ☐ Unknown

Tongue: ☐ Normal ☐ Enlarged ☐ Retracted **Mandible:** ☐ Normal ☐ Short

Lungs: ☐ Normal ☐ Abnormal: ____________________

Heart: ☐ Normal ☐ Abnormal: ____________________

☐ Hypertension ____________________ ☐ Arrhythmia (specify): ____________________

Abdomen: ☐ Normal ☐ Abnormal: ____________________

Neurologic: ☐ Normal ☐ Abnormal: ____________________

Extremities: ☐ Normal ☐ Abnormal: ____________________

Endocrine: ☐ Normal ☐ Abnormal: ____________________

Musculo-skeletal: ☐ Normal ☐ Abnormal: ____________________

Behavioral/Psychiatric: ☐ Normal ☐ Abnormal: ____________________

Development: ☐ Normal ☐ Abnormal: ____________________

Development: ☐ Normal ☐ Abnormal: ____________________

REFERRING PROVIDER

Name: ____________________ NPI: ____________________

Address: ____________________

Street *City* *State* *Zip Code*

Phone: ____________________ Fax: ____________________

Provider Signature: ____________________ Date: ____________________

Referral Contact: ____________________