

NPSG SLEEP REFERRAL FORM

Patient Name: _____ **DOB** _____

PLEASE EVALUATE FOR THE FOLLOWING TENTATIVE DIAGNOSIS:

- ☐ OSA ☐ INSOMNIA ☐ RLS ☐ CPAP
☐ UARS ☐ PES if possible ☐ Watch and score for RERAs without O₂ desats

PROTOCOL/ORDERS: ☐ NEED CONSULT BEFORE NPSG
☐ NPSG THEN RETURN FOR CONSULT OF TREATMENT OPTIONS
☐ IF OSA PROCEED WITH CPAP TITRATION
☐ CPAP TITRATION

CURRENT HISTORY/NOTES :

- | | |
|--|---|
| <input type="checkbox"/> HEAVY/MOD/LIGHT SNORING | <input type="checkbox"/> NIGHT TIME CLENCHING |
| <input type="checkbox"/> DAYTIME SLEEPINESS/NAPS | <input type="checkbox"/> GERD |
| <input type="checkbox"/> WITNESSED APNEA | <input type="checkbox"/> CVD/HBP |
| <input type="checkbox"/> PERIODIC LEG MOVEMENTS | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> METABOLIC SYNDROME | <input type="checkbox"/> ESS: _____ |
| <input type="checkbox"/> PREVIOUSLY DX WITH APNEA | <input type="checkbox"/> MORNING HEADACHE |
| <input type="checkbox"/> IMAGING - shows very small airway | <input type="checkbox"/> FREQUENT AROUSALS |

REFERRAL TYPE:

- ☐ Neurology only. Needs consultation for neurological symptoms only.
- ☐ Complex sleep patient. Needs consultation first before PSG is ordered.
- ☐ TMJ patient that needs to have airway stable with CPAP before going into OAT later.
- ☐ Simple OSA patient that needs a MAS if mild/mod OSA. Return here for consult.
- ☐ CPAP titration study only. Calibrate CPAP to proper pressure. Original PSG att.
- ☐ Unresolved OAT patient. Need to go into Combination Therapy with CPAP.
- ☐ Confirm OAT success with final PSG/HST
- ☐ Surgical candidate who needs evidence of SDB with a PSG/PES.

Surgeon name: _____

PROVIDER SIGNATURE: DATE: _____

Print Provider Name: _____ **NPI #** _____

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