



SLEEP STUDY REFERRAL FORM

Please complete this form and return by fax to 718.375.2519. We will contact the patient to schedule tests that you have ordered. This form is not an insurance referral. It may be necessary to provide a referral specific to your patient's health plan.



Boris Sagalovich, MD, PC, FCCP, FAASM

1664 East 14th Street, Suite 501•Brooklyn, NY 11229 • Phone: (718) 339-4800 Fax: (718) 375-2519

PATIENT INFORMATION

Name: _____
Date of Birth: _____ Sex: M F
Address: _____
City, State, Zip: _____
Phone: (____) _____
Mobile: (____) _____

REFERRING PHYSICIAN

MD Name: _____
Office Address: _____
City: _____
State: _____ Zip: _____
Office Telephone: _____
Fax: _____

(1) Insurance: _____
ID#: _____ Group: _____
Subscriber: _____
Relation to PT: _____

(2) Insurance: _____
ID#: _____ Group: _____
Subscriber: _____
Relation to PT: _____

TEST REQUESTED

PSG (95810) and follow-up CPAP Titration (95811)
(If PSG is positive, I authorize CPAP titration)

PSG(95810)
 CPAP/Bi-level Titration(95811)

SPLIT(95811)
 MSLT/MWT(95805)
 VPAP Adapt SV Study (95811)
 Other _____

I request a consult with a sleep specialist before/ after sleep study.

CLINICAL HISTORY AND INDICATIONS

- Excessive daytime somnolence
- Heavy snoring
- Witnessed apneic episodes
- Obesity/recent weight gain
- Early morning headache
- Hypertension
- Cardiovascular disease

Previous sleep study Yes No

Findings: _____

Suspected Sleep Apnea
 Narcolepsy
 Periodic Leg Movement Disorder
 Other _____

Ordering Physician: _____

Signature: _____ Date: ___/___/___

Physical Exam: Weight:____ Height:____

Blood Pressure:___/___

ENT Findings: Crowded oropharynx
 Enlargement of soft palate / uvula
 Tonsillar hypertrophy

Other significant physical findings:

Medications: _____

Comments: _____

Instructions to Polysomnographic technologist (special patient or study requirements):

Preauthorization number: _____ Appointment Date: ___/___/___



On the day of your sleep study...

Please do...

- Continue to take all your medications as you would normally according to your doctor's instructions.
- Have dinner before coming in for your sleep study.
- Complete shower or bath, wash hair with shampoo only.
- Remove hair sprays, mousses, gels, make-up, body creams and oily soaps, nail polish prior to testing.
- For men, please shave before coming and if you have a beard please trim it as much as possible.
- If you experience excessive daytime sleepiness symptoms, be sure that someone other than yourself drives you and picks you up in the morning.

Please do not...

- Sleep past 10:00 am.
- Take naps during the day or the evening.
- Drink beverages that contain caffeine after 2 pm. This includes decaffeinated beverages, coffee, tea, cola, alcohol, or eat any chocolate products.

For your sleep study please bring...

- All insurance information with you. This includes all insurance cards and forms that you have. If you have insurance that requires referrals from Primary Care Physicians (such as Amerigroup, Fidelis, Health Plus, Healthcare Partners, etc.), please bring the referral with you the night of the test.
- A list of all medications including dosages and how often you take them. Also, bring all the medications you will need to take during your stay at the sleep center. Do not stop taking any medication directed to you by your physician.
- Personal toilet articles (toothpaste, toothbrush, hair comb, shaving gear, shampoo, make-up remover, etc.)
- Sleepwear (loose fitting two piece pajamas with a front opening are most preferred). If you do not have pajamas, a loose fitting pair of shorts and t-shirt is permitted.

Before Your Appointment Please Answer These Questions

EPWORTH SLEEPINESS SCALE (ESS)

How likely are you to doze off or fall asleep in the situation described below, in contrast to just feeling tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation.

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

SITUATION	0	1	2	3
Sitting and Reading				
Watching TV				
Sitting, inactive, in a public place				
Passenger in a car for an hour without a break				
Lying down to rest in the afternoon				
Sitting and talking to someone				
Sitting quietly after lunch with no alcohol				
In a car, while stopped for a few minutes in traffic				
Total your score in each column				

Combine column totals: _____

Directions

By Train:

Take the B or Q to the Kings Highway station and walk to CSDI on East 14th Street.

By Bus:

Take the B82 or B7 to Kings Highway and East 13th Street and walk to CSDI on east 14th Street.

Driving:

From Belt Pkwy:

1. Exit 7 at Ocean Pkwy.
2. Make a left on Ocean Pkwy if coming from Verazzano Bridge direction/Make a right on Ocean Pkwy if coming from Queens direction.
3. Follow Ocean Pkwy until Kings Hwy and make a right.
4. End at East 14th Street and Kings Hwy.

From Brooklyn Queens Expressway (BQE):

1. Take BQE to Exit 24, Prospect EXPY.
2. Prospect EXPY becomes Ocean Pkwy.
3. Continues on Ocean Pkwy, make a left on Kings Hwy.
4. End at East 14th Street and Kings Hwy.

