ECHN℠
Eastern Connecticut Health Network

SLEEP DISORDER CENTER at
MANCHESTER MEMORIAL HOSPITAL
71 Haynes Street, Manchester, CT 06040

TEL: 800-301-7706
FAX: 860-474-1700
(Fax Order Form and Clinical Notes)

SLEEP STUDY ORDER FORM

PATIENT NAME _____ DOB _____

ADDRESS _____ PHONE (H) _____

CITY _____ STATE _____ ZIP _____ (W) _____

INSURANCE _____ AUTH# _____

WOULD YOU LIKE YOUR PATIENT SEEN IN SLEEP CONSULTATION? ☐ Pre-study OR ☐ Post-study

SELECT SLEEP STUDY TYPE:

☐ Polysomnogram (PSG) 95810 ☐ If PSG is denied by insurance, then I approve Home Sleep Apnea Test (HSAT)

☐ Split Study 95810 ☐ CPAP Titration 95811 ☐ Home Sleep Study 95806

☐ MWT 95805 ☐ MSLT 95805 ☐ $ETCO^2$

SLEEP HISTORY (CHECK ALL THAT APPLY)

	ICD10 Code	Description		ICD10 Code	Description
☐	G25.81	RESTLESS LEG SYNDROME	☐	G47.411	NARCOLEPSY
☐	G47.10	HYPERSOMNIA, UNSPECIFIED	☐	G47.52	REM BEHAVIOR DISORDER
☐	G47.30	SLEEP APNEA, UNSPECIFIED	☐	G47.61	PERIODIC LIMB MOVEMENT DISORDER
☐	G47.33	OBSTRUCTIVE SLEEP APNEA, ADULT	☐	F51.01	INSOMNIA
☐	G47.36	SLEEP RELATED HYPOVENTILATION/HYPOXEMIA	☐	R06.83	SNORING
☐	G47.37	CENTRAL SLEEP APNEA	☐	R40	DAYTIME DROWSINESS
☐	G47.39	OTHER SLEEP APNEA	☐	R53.82	CHRONIC FATIGUE
☐		WAKES UP GASPING	☐	E66.2	OBESITY W/HYPOVENTILATION
☐		LEG MOVEMENTS DURING SLEEP	☐		WITNESSED APNEA
☐			☐		

PRIOR SLEEP STUDY ☐ YES ☐ NO LOCATION: DATE:

PLEASE ATTACH MOST RECENT CHART NOTES AND PREVIOUS SLEEP STUDY RESULTS

MEDICATIONS: _____

ALLERGIES: _____ **SOCIALHISTORY:** _____

PHYSICAL ☐ MALE ☐ FEMALE HT: _____ WEIGHT: _____ BMI: _____

NECK CIRCUMFERENCE BP: _____ PULSE: _____ RR: _____

DESCRIBE ANY ABNORMALITIES CHECKED BELOW:

CRANIOFACIAL	☐ NORMAL	☐ ABNORMAL	**ABDOMEN**	☐ NORMAL	☐ ABNORMAL
OROPHARYNGEAL	☐ NORMAL	☐ ABNORMAL	**EXTREMITIES**	☐ NORMAL	☐ ABNORMAL
LUNGS	☐ NORMAL	☐ ABNORMAL	**NEUROLOGIC**	☐ NORMAL	☐ ABNORMAL
CARDIOVASCULAR	☐ NORMAL	☐ ABNORMAL	**OTHER:**		

PHYSICIAN NOTES/SPECIAL INSTRUCTIONS: _____

REFERRING M.D. (PLEASE PRINT) _____

SIGNATURE _____ DATE _____ TIME _____

ADDRESS _____ PHONE _____ FAX _____