

OBSTRUCTIVE SLEEP APNEA INTAKE SHEET
PRIME HEALTHCARE

Note: This form must be filled out prior to Prime UM Department issuing an Approval for a Sleep Study

Please return to Prime Corporate UM Department via fax: 909.235.4402.

Patient Name _____ DOB _____ Age _____

Prime Hospital Employer _____ Date _____

Requesting Physician _____ Sleep Study Provider _____

Diagnostic Sleep Study Type (check one) : Home Sleep Study In-Lab Sleep Study (PSG)

Has this patient previously has a full night PSG or HST? Yes No

Primary Suspected Diagnosis _____

Note: Standard sleep studies are not appropriate for Narcolepsy or Cataplexy

Apnea Events

The patient has observed apnea during sleep Yes No Unknown

Clinical History

(please check all that apply)

Excessive daytime sleepiness (ESS) evidenced by:

Epworth Sleepiness Scale (ESS) >10 (see page 2) or,

Inappropriate daytime napping (during conversation, driving or eating), or

Sleepiness that interferes with daily activities

Habitual snoring, or, gasping/choking episodes associated with awakenings

Treatment resistant hypertension

Soft tissue abnormalities or neuromuscular diseases involving the craniofacial area or upper airway

Obesity

BMI*>30: Calculated

BMI: _____

Patient Height _____ Patient Weight _____

Neck circumference>17" for males and >16" for females

Comorbid Conditions

Stroke (CVA) within the last 30 days

Transient Ischemic Attack (TIA)

Coronary Artery Disease (CAD)

Sustained supraventricular tachycardic arrhythmias

Sustained supraventricular bradycardic arrhythmias



Epworth Sleepiness Scale

In the following situations, how likely are you to doze off or fall asleep, in contrast to just feeling tired? Use the following scale to choose the most appropriate number for each situation

0 = Would never doze or sleep

1= Slight chance of dozing or sleeping

2=Moderate chance of dozing or sleeping

3 = High chance of dozing or sleeping

1. Sitting and reading
2. Watching TV
3. Sitting inactive in a public place
4. Being a passenger in a care for an hour
5. Lying down in the afternoon
6. Sitting and talking to someone
7. Sitting quietly after lunch
8. Stopping for a few minutes in traffic while driving

Total Epworth Score =

Contraindications to a Home Study

- The patient is 18 years old or younger
- Moderate or Severe Chronic Obstructive Pulmonary Disease (COPD) – Forced expiratory volume in 1 second/Forced vital capacity (FEV1/FVC) less than or equal to 0.7 and FEV1 less than 80% predicted
- Moderate or severe congestive heart failure (CHF) – New York Heart Association (NYHA) class III or IV
- CHF with a history of ventricular fibrillation or sustained ventricular tachycardia in a patient who does not have an implanted defibrillator
- Cognitive impairment (unable to follow simple instructions) resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with the task
- Physical impairment resulting in inability to apply the home sleep testing equipment when another individual is not available to assist with this task
- Oxygen dependent for any reason
- Stroke (CVA) within the last 30 days
- Current use of opiate narcotics
- Body Mass Index (BMI) >33 and elevated serum bicarbonate level (>28mmol/L)
- Established diagnosis of obesity hypoventilation syndrome

If you are requesting an In-Lab Study (PSG) and Contraindications to a Home Sleep Study are not present will you switch to a Home Sleep Study? Yes No

