Oklahoma Heart Institute Sleep Care

Oklahoma Heart Institute Sleep Study Locations (please circle if preference)

Midtown Hillcrest South Bailey Claremore Cushing Henryetta

1. Patient Name _____ Date of Birth _____

   Best Daytime Phone Number _____

   Please send Demographic Sheet

   Name of Person Completing Form _____

   Referring Provider Name _____ NPI # _____

   Phone _____ Fax _____

   Authorization # _____ (hard copy if available)

2. **Insurance Information:** Please fax enlarged copy of front and back of insurance card

Indications

1. Sleep Apnea, Obstructive ..... (G47.33)
2. Snoring (Not for Medicare) ..... (R06.83)
3. Excessive Sleepiness/ Hypersomnia..... (G47.10)
4. Primary Insomnia ..... (F51.01)
5. Sleep Related Movement Disorders..... (G47.69)
6. Sleep Apnea Unspecified ..... (G47.30)

* **Please Send a Copy of Any Previous Sleep Testing and Last Office Note.**

Medical Conditions (Please check all that apply)

- ❑ Hypertension ..... (I10)
- ❑ Atrial Fibrillation ..... (I48.91)
- ❑ Diabetes Mellitus ..... (E11.9)
- ❑ Obesity ..... (E66.9)
- ❑ CAD ..... (I25.10)
- ❑ Congestive Heart Failure ..... (I50.9)
- ❑ Stroke ..... (I63.9)
- ❑ Chronic Obstructive Pulmonary Disorder. (J44.9)
- ❑ Chronic Opioid Use ..... (F11.10)
- ❑ Neuromuscular Disorders
- ❑ Other _____

Epworth Sleepiness Scale

(Please ask patient to complete prior to sending referral)

What are the chances that you would doze off?

0 - Never, 1 - Slight, 2 - Moderate, 3 - High

Sitting and reading ..... _____
Watching TV ..... _____
Sitting, inactive in a public place..... _____
As a 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 without alcohol ..... _____
In a car, stopped for a few minutes in traffic .. _____
Total: ..... _____

Referring Provider Orders

- ❑ Comprehensive Sleep Care—Sleep Consultation, Testing, Treatment and Follow Up
- ❑ Split Night Sleep Study—Diagnostic Sleep Testing with CPAP Titration if criteria for sleep apnea is met (95811)
- ❑ Diagnostic Sleep Study Without CPAP Titration (95810)
- ❑ CPAP Titration Study—Patient already has established diagnosis of sleep apnea. Copy of previous sleep study must be available (95811)
- ❑ Maintenance of Wakefulness Test (MWT) (95805)
- ❑ At-Home Sleep Study

Ordering Provider's Signature _____ Date _____

* Please send a copy of any previous sleep testing and last office note.
Please fax completed form to 918-747-5003.

If you have questions regarding OHI's Sleep Care program, please contact Oklahoma Heart Institute Sleep Care at 918-747-5337 (option 3).