NEUROPHYSIOLOGY
(832) 355-3940 (Scheduling)
(832) 355-7104 (Fax)

Outpatient Referral

Patient Name:__________________________ **Date:** ____________________________

Referring Physician: ____________________ **Date of Birth:** ____________________

Date of Study: ________________________

Impression(s):

- ☐ **Obstructive sleep apnea** ☐ **Periodic Limb Movements** ☐ **Narcolepsy**
- ☐ **Excessive daytime sleepiness** ☐ **Other:** _______________________________________

Please mark the appropriate sleep study order:

- ☐ **Split Night Sleep Study** (*Diagnostic polysomnogram followed by CPAP titration if sleep lab criteria is met*)
- ☐ **CPAP titration only** (*Already been diagnosed with OSA and needs to be treated therapeutically*)
- ☐ **BIPAP titration**
- **Diagnostic study only**
- **Polysomnogram followed by Multiple Sleep Latency Testing** (** the MSLT will be cancelled if the overnight study shows OSA or significant PLMD.)*
- ☐ **Maintenance Wakefulness Testing** (*MWT, a full night polysomnogram is optional*)

◆**Other instructions:** **To be interpreted by Dr. Michael Abene or Dr. Daniel Glaze (BCM Neurophysiology)**

Please check any of the following symptoms:

- ☐ **Hypertension**
- ☐ **Congestive heart failure**
- ☐ **Stroke**
- ☐ **Excessive daytime sleepiness**
- ☐ **Snoring**
- ☐ **Witnessed apneas**
- ☐ **Waking up choking or gasping for air**
- ☐ **Leg jerks**
- ☐ **Sleep attacks**
- ☐ **Acting out dreams**
- ☐ **Insomnia**
- ☐ **Seizure disorder**
- ☐ **Other** ______________________________
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Special Needs:

- ☐ **Oxygen**
- ☐ **Bedside commode**
- ☐ **Language barrier**
  - ❑ **Spanish**
  - ❑ **Other:**____________________
- ☐ **Wheelchair**
- ☐ **Respiratory Treatments**
- ☐ **Hearing or visually impaired**
- ☐ **Shift worker** (*day study needed)*
- ☐ **Other needs**_________________________

Physicians Signature: ____________________________**Phone #**________________________

To schedule a sleep study please call 832-355-3940 or fax the sleep referral, history and physical or doctors notes, with patient demographics to 832-355-7104.