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Phone (716)575-0075

PLEASE FAX THIS FORM DIRECTLY TO: (716) 242-0611. THANK YOU!

SLEEP MEDICINE SERVICE REFERRAL FORM

Patient referred to: Niagara Neurology / Dr. Halliwell, M.D. and Lindsay Mandrino, PA

Patient name: DOB: Preferred DME:

Please check one of the next 3 options:

- 1. HST home sleep study to evaluate for sleep apnea G47.33. Unless specified below, also provide follow up evaluation and management of any suspected or identified sleep disorders.*
2. HST home sleep study only and I do not want follow up clinic evaluation.*
3. Clinic consultation and management prior to any testing. I am concerned about the following condition (s):
- obstructive sleep apnea G47.33
- restful legs syndrome G25.81
- screen for nocturnal seizures G40.802
- circadian rhythm disorder G47.20 such as shift work disorder G47.26
- please try to clear for safe driving from a sleep medicine perspective. (this will likely require extensive testing, patient compliance, and clinic monitoring).
- Other:

Please check any clinical symptoms:

- excessive daytime sleepiness
- snoring
- witnessed apneas
- insomnia
- cognitive difficulty related to sleepiness
- morning headaches
- frequent nocturnal urination (nocturia)
- restless legs
- parasomnia (sleep walking)

Please check any associated medical conditions:

- hypertension I10
- diabetes E08.4
- CAD I25.1
- CHF I50.9
- arrhythmia I49.9/ atrial fibrillation I48.91
- Stroke I63.30 / TIA G45.9
- obesity (BMI >30) E66.9
- upper airway abnormalities J44.9
- neuromuscular disease G71.0

Provider name printed or stamped

Signature

Date

HST home sleep study disclaimer:

HST Pros: May be more comfortable for the patient. In a situation where your patient cannot or simply will not attend in-lab sleep testing, HST will likely still allow for diagnosis and treatment of sleep apnea.
HST Cons: Less accurate than in-lab testing and less able to demonstrate severity and type of sleep apnea. Lacks information such as staging of sleep (for example showing REM sleep), exact amount of sleep and/or awakenings, length of breathing pauses, type of breathing events, limb movements, nocturnal behaviors, seizure activity, etc. Medicaid will not allow HST studies. Patients will still need in-lab CPAP titrations to accurately initiate CPAP therapy.
Relative contraindications to home testing (It is recommended that people with the following chose in-lab PSG instead of HST):
Age 18 YO or younger, moderate to severe COPD or moderate to severe CHF, if patient has a difficult time understanding instructions or is physically unable to self-apply the testing equipment, suspected central sleep apnea, periodic limb movement disorder (related to RLS), suspected narcolepsy or idiopathic hypersomnia, parasomnia (sleep walking, RSD, etc), or nocturnal seizures, already failed 2 prior HST attempts or OSA is still suspected after 2 nights of HST results are WNL, the patient is oxygen dependent for any reason, chronic opiate pain medications are used, or BMI >33 (increases risk of hypoventilation syndrome).