RADY CHILDREN'S HOSPITAL – SAN DIEGO
CENTER FOR HEALTHY SLEEP
3020 Children's Way, San Diego, CA 92123
Phone: 858-966-4066
Fax: 858-966-8982

DIAGNOSTIC SLEEP STUDY REQUISITION FORM

Patient's Last Name_____________________ Patient's First Name________________________
Patient's Date of Birth ________________________ Age ________
Parent Guardian Name_________________________ Phone _______________________
Insurance Provider_________________________________

Medical History: ___________________________________

Referral: PSG (sleep study) only/PSG with referral to Sleep Medicine

Reason For study:

__ Daytime Sleepiness
__ Insomnia/ Restless Sleep
__ Snoring
__ Post-Surgical
__ Nocturnal Enuresis
__ Suspected Narcolepsy
__ Witnessed Apnea
__ Periodic Limb Movement Disorder
__ Nocturnal Seizures
__ Parasomnias
__ Other (Enter Comments): _________
____
____
____
____

Priority: Routine/Urgent – (urgent request require written explanations as to why urgent**)**

Type of Study:

____ Diagnostic PSG with ETCO2
____ Diagnostic PSG with ETCO2 and Expanded EEG montage *(for suspicion of parasomnia/nocturnal epilepsy)*
____ MSLT with PSG- *(DAYTIME NAP STUDIES- for suspicion of disorders of hypersomnolence)*

- Cancel the MSLT if the pt has a PSG AHI of ___ or higher
- **PT should be free of Stimulant and SSRI medications for two week prior to Sleep Study**

Special consideration:

___ Wheelchair
___ Supplemental Oxygen
___ Crib
___ Frequent Suctioning
___ None
___ Other (Enter Comments): ______________________________________

Most all sleep studies are run as 2 patients to one technician. If your patient has medical, or behavior concerns that require 1 patient to one technician please explain in detail why:
____
____

Ordering PHYSICIAN: print: _________________________

ORDERING PHYSICIAN signature: _________________________

Contact number for MD in case the lab has questions: ______________________________

Abbreviations: PSG: polysomnogram/sleep study;. ETCO2: end tidal carbon dioxide; EEG – electroencephalogram; MSLT: multiple sleep latency test; PAP: positive airway pressure

**Once this form is completed email this form, supporting documents and Authorization information to sleepstudyinfo@rchsd.org