



RADY CHILDREN'S HOSPITAL – SAN DIEGO  
 CENTER FOR HEALTHY SLEEP  
 3020 Children's Way, San Diego, CA 92123  
 Phone: 858-966-4066  
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**THERAPY SLEEP STUDY REQUISITION FORM**  
**ORDERED ONLY BY PEDIATRIC PULMONARY AND SLEEP PHYSICIANS**

Patient's Last Name \_\_\_\_\_ Patient's First Name \_\_\_\_\_  
 Patient's Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Parent Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Provider \_\_\_\_\_

**Medical History:** \_\_\_\_\_

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

**Reason For study:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Daytime Sleepiness       | <input type="checkbox"/> Suspected Narcolepsy            | <input type="checkbox"/> Other (Enter Comments): _____ |
| <input type="checkbox"/> Insomnia/ Restless Sleep | <input type="checkbox"/> Witnessed Apnea                 | _____  |
| <input type="checkbox"/> Snoring                  | <input type="checkbox"/> Periodic Limb Movement Disorder | _____  |
| <input type="checkbox"/> Post-Surgical            | <input type="checkbox"/> Nocturnal Seizures              | _____  |
| <input type="checkbox"/> Nocturnal Enuresis       | <input type="checkbox"/> Parasomnias                     | _____  |

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

**Type of Study:**

PAP titration (*positive airway pressure*)

Mask Preference (circle): nasal / nasal pillows / full face mask / do not know

CPAP: Starting pressure: \_\_\_\_\_ Max pressure: \_\_\_\_\_

BiLevel: Starting pressure: \_\_\_\_\_ Max Pressure: \_\_\_\_\_

Bilevel Back up rate: \_\_\_\_\_ (*type n/a for no rate*)

Split night study (requires referral)

We will start  CPAP or  Bi-level at and AHI of \_\_\_\_\_ cmH2O as long as they have 2 hours of sleep prior to 2am.

Oxygen titration (requires referral)

Start study on room air, the lab will add oxygen at \_\_\_\_\_ LPM if Spo2 drops below \_\_\_\_\_% for 10 min and titrate up to maintain Spo2 equal to or greater than \_\_\_\_\_%.

Start on \_\_\_\_\_ LPM to maintain Spo2 equal to or greater than \_\_\_\_\_%.

**Special consideration:**

- |  |  |
|--|--|
| <input type="checkbox"/> Wheelchair          | <input type="checkbox"/> Frequent Suctioning           |
| <input type="checkbox"/> Supplemental Oxygen | <input type="checkbox"/> None                          |
| <input type="checkbox"/> Crib                | <input type="checkbox"/> 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: \_\_\_\_\_

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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](mailto:sleepstudyinfo@rchsd.org)