

Sleep Medicine Services

Of Western Massachusetts, LLC

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Patient's Name _____ Referring Provider _____
Date of Birth _____ Provider's FAX# _____
Primary Insurance _____ Prior Authorization* (SMSWM to obtain) _____
Insurance ID# _____ Date of Request _____
Daytime Phone _____ Evening Phone _____

Service Requested

- Sleep Consultation**
(Per Medicare guidelines, beneficiaries must have a consultation prior to laboratory testing)
- Sleep laboratory testing* (age 3 and up)**
- Diagnostic polysomnogram** (CPAP will be performed if criteria for split-night study met)
- CPAP/BPAP titration** (from start of the study)
Prior abnormal diagnostic study:
Date: _____
Place: _____
- Home Sleep Test (HST)**
- Multiple Sleep Latency Test (MSLT)**
- Maintenance of Wakefulness Test (MWT)**

Site Requested: _____ Northampton _____ Springfield

***Please attach recent office notes and studies that are available**

Background Information:

Symptoms:

___ snoring
___ observed apnea/gasping
___ atrial fibrillation

___ restless legs
___ abnormal behavior during sleep
___ chronic insomnia

___ excessive daytime sleepiness
___ hypertension
___ other:

General information:

___ requires wheel chair
___ special needs:

___ uses CPAP/BPAP at home
___ uses oxygen at home

FAX TO 413-253-9767 (alternate fax: 413-273-1390)
QUESTIONS, CALL 413-253-2767

When to Consider Referral To Sleep Medicine Services

- 1) Patients with excessive daytime sleepiness. These patients should always undergo evaluation of their nighttime sleep. The **Epworth Sleepiness Scale** is a useful screening tool:

EPWORTH SLEEPINESS SCALE

SITUATION

CHANCE OF DOZING

(0 - none, 1 - slight, 2 - moderate, 3 - high)

- | | |
|--|-------|
| • Sitting and reading | _____ |
| • Watching TV | _____ |
| • Sitting inactive in a public place (e.g. a theater or a meeting) | _____ |
| • As a passenger in a car for an hour without a break | _____ |
| • Lying down to rest in the afternoon when circumstances permit | _____ |
| • Sitting and talking to someone | _____ |
| • Sitting quietly after a lunch without alcohol | _____ |
| • In a car, while stopped for a few minutes in traffic | _____ |

Total score :

Patients with a score above 9 should always be evaluated, but even patients with lower scores should be evaluated in the presence of other symptomatology.

- 2) Patients who are at high risk for a sleep-related breathing disorder due to the presence of
- a. Obesity
 - b. Large tongue, crowded pharynx, neck circumference > 17 inches in men or >16 inches in women
 - c. Abnormalities of jaw structure
 - d. Habitual, loud snoring
 - e. Observed apnea
 - f. Congestive heart failure
 - g. Atrial fibrillation
 - h. COPD
 - i. Diabetes
 - j. Prior stroke
 - k. Neuromuscular diseases including ALS and muscular dystrophy
 - l. Nocturnal headache or headache on arising
 - m. Chronic narcotic use

No absolute criteria for evaluation of these patients have been developed. Clinical judgment is always required.

- 3) Patients currently using CPAP/BPAP. Reevaluation may be warranted if there has been a substantial change in weight or if sleep-related symptoms persist.
- 4) Patients considering surgical procedures or dental appliances for the treatment of snoring. Polysomnography is always indicated to exclude a sleep-related breathing disorder that might better be treated with CPAP/BPAP.
- 5) Patients with abnormal sleep-related behaviors. Polysomnography can reliably distinguish nocturnal seizures and various parasomnias.
- 6) Patients with insomnia. Polysomnography is not indicated as a first step but is appropriate if behavioral treatments fail or symptomatology suggests the possibility of a sleep-related breathing disorder or periodic limb movement disorder.
- 7) Patients with sleep schedule difficulties including shift workers, students, and transmeridian travelers.