

# 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	___ restless legs	___ excessive daytime sleepiness
___ observed apnea/gasping	___ abnormal behavior during sleep	___ hypertension
___ atrial fibrillation	___ chronic insomnia	___ other:

#### General information:

\_\_\_ requires wheel chair      \_\_\_ uses CPAP/BPAP at home      \_\_\_ uses oxygen at home  
\_\_\_ special needs:

**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.