UCLA Health System

	MRN:
	Patient Name:
	(Patient Label)

ORDER FOR SLEEP LABORATORY EVALUATION
UCLA SLEEP DISORDERS CENTER
Phone: (310) 26-SLEEP (267-5337)
Fax: (310) 267-1062
Web: http://www.sleepcenter.ucla.edu/
E**-mail: UCLASleepCenter@mednet.ucla.edu**

Reason for Evaluation	☐ <u>Possible Sleep Apnea</u>: Patient has ☐Sleepiness ☐Excessive Snoring ☐Pauses in Breathing ☐ <u>Severe Sleepiness</u> (Narcolepsy) ☐ <u>Nocturnal Seizures</u> ☐ <u>Parasomnias</u>, Abnormal movement in sleep ☐ <u>Periodic leg movement disorder</u> ☐ Other:					
Brief History						
Urgency	☐ **Routine** ☐ **Urgent**					
From	☐ DMPG & Pulmonary	☐ Neurology	☐ Pediatrics	☐ UCLA SM Bay	☐ CPN	☐ Other
Study Requested	☐ Diagnostic Sleep Study → Full night polysomnography (PSG)					
	☐ Split Night Sleep Study → Full night sleep study. First part diagnostic, second part CPAP titration if criteria met.					
	☐ CPAP or Bi-level PAP Titration (circle one) → Full night titration for patients with documented sleep apnea. ☐ If patient has sleep apnea requiring PAP treatment, please arrange for PAP therapy and sleep MD follow-up.					
	☐ Other:					
Mask Fitting Consult	☐ Service Requested:					
Study Requested By Sleep Specialists	☐ Sleep Study with Four Limb Montage ☐ Sleep Study with Full Electroencephalography (EEG) Montage ☐ Diagnostic Sleep Study and Multiple Sleep Latency Test (MSLT) ☐ *Other:*					

	Pediatric Patients	**Ventilator Use:** ☐Yes Settings:_____ ☐ No ☐ N/A	**Trach:** ☐ Open ☐Closed ☐ N/A	**Supplemental Oxygen (Mask)** ☐ Yes LPM: _____ ☐ No ☐ N/A	☐ **Other:**

From	**Referring Physician:** _____ **Office Phone:** _____ **Fax:** _____ **Email Address:** _____
Patient Contact Information	**Day Phone:** _____ **Cell Phone:** _____ **Work Phone:** _____
	E-mail address: (Patient consent must be on file, form #12005)
Requesting MD Signature	Requesting MD Printed Name: _____ Signature:_____ Pager/ ID:_____ Date:_____ Time:_____

Please fax the form to Fax: (310) 267-1062. Please ask patient to call us to schedule an appointment at: (310) 26-SLEEP (267-5337)