



Center for Sleep Medicine  
 425 East 61<sup>st</sup> Street 5<sup>th</sup> floor  
 New York, NY 10065  
 weillcornell.org/services/neurology  
 646.962.7378 (REST)  
 646.962.0455 (fax)

PATIENT NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MRN#: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_  
 INSURANCE \_\_\_\_\_ INSURANCE ID#: \_\_\_\_\_  
 (PLEASE FAX A COPY OF THE CARD(S) WITH FORM)

**INSTRUCTIONS TO REFERRING CLINICIANS:** Please check the services requested and return by **fax to 646-962-0455**. The Weill Cornell Medicine Center for Sleep Medicine will contact the patient to schedule the tests you have ordered.

**PLEASE SEND THE MOST RECENT ENCOUNTER NOTE WITH THIS REQUISITION FORM.**

- URGENT SLEEP STUDY: Reason:** \_\_\_\_\_
- Baseline Sleep Study
- Special montage:  Positional Belt  Dental Appliance  Oxygen: \_\_\_\_\_ l pm  RBD
  - TcCO2  Start NIV: BiPAP/AVAPS/IVPAS if elevated tCO2.
  - Bruxism  Seizure  Capnography  Other: \_\_\_\_\_
- Split Study – at least 2 hrs baseline followed by CPAP/BiPAP titration if indicated
- CPAP / BiPAP / ASV Titration
  - Previous sleep study \_\_\_/\_\_\_/\_\_\_ AHI = \_\_\_\_\_ at  Cornell  Other center: \_\_\_\_\_
- Multiple Sleep Latency Test (MSLT) / Maintenance of Wakefulness Test (MWT)
- Home Sleep Study  Diagnostic  Please schedule Home Sleep Study if in lab test is denied by insurance.
- Consultation  Prior to Sleep Study  After Sleep Study

<p><b><u>PLEASE INDICATE THE REASON FOR PATIENT REFERRAL:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Snores or stops breathing at night</li> <li><input type="checkbox"/> Wakes up gasping for air</li> <li><input type="checkbox"/> Witnessed apneas</li> <li><input type="checkbox"/> Excessive daytime sleepiness or fatigue</li> <li><input type="checkbox"/> Abnormal behaviors during sleep</li> <li><input type="checkbox"/> <b>REQUIRED:</b> Height _____ Weight _____</li> </ul>	<p><b><u>SPECIAL CONSIDERATIONS:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient requires oxygen during the night at _____ lpm</li> <li><input type="checkbox"/> Patient requires a personal assistant / home attendant</li> <li><input type="checkbox"/> Patient requires wheelchair access / bed with side rails</li> <li><input type="checkbox"/> Patient requires head of the bed elevation / bariatric bed</li> <li><input type="checkbox"/> Shift-worker – needs daytime sleep study</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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**PLEASE NOTE THAT INSURANCE AUTHORIZATION IS DEPENDENT ON THIS INFORMATION:**

- Central Apneas  Obesity-Hypoventilation  Nocturnal hypoxemia  Pulmonary Hypertension  COPD
- Obesity  CHF  Acute MI  Hypertension  Stroke/TIA  Seizures  Restless Legs / PLMD
- Neuromuscular weakness  Abnormal EKG (EKG copy please)  Neurodegenerative/Cognitive Impairment
- Inadequate Dexterity or Cognition for Home Sleep Test  Other: \_\_\_\_\_

**ORDERING PHYSICIAN:** NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

MD Signature \_\_\_\_\_ NPI #: \_\_\_\_\_ Date \_\_\_\_\_

\*Preferences:  Call with test results Send report by:  Mail  Fax  EPIC

**For Internal Use Only:**

- Standard Room  Bariatric Room  Room with a recliner  ASAP
- Capnography  Inspire  Room with side rails/Bed elevation  Expedite Scoring

Approved by \_\_\_\_\_ on \_\_\_\_\_ Scheduled by \_\_\_\_\_ on \_\_\_\_\_



# PATIENT INSTRUCTIONS

Please read and understand the following information prior to your scheduled appointment.

## IMPORTANT:

- PATIENTS ARE REQUIRED TO PAY ALL COPAYS AT THE TIME OF SERVICE. WE ACCEPT CHECKS, MONEY ORDERS, AND CREDIT CARD PAYMENTS. TECHNICIANS DO NOT ACCEPT CASH.
- IF FOR ANY REASON YOU CANNOT KEEP THIS APPOINTMENT KINDLY GIVE THE OFFICE A CALL 48 HOURS BEFORE YOUR SCHEDULED APPOINTMENT DATE OR YOU WILL BE SUBJECTED TO A \$150 FEE.
- IT IS THE PATIENT'S RESPONSIBILITY TO INFORM THE OFFICE OF ANY INSURANCE CHANGES. FAILURE TO DO SO MAY RESULT IN COSTLY MEDICAL BILLS
- PLEASE NOTE: IF YOU REQUIRE A HOME HEALTH AID OR NURSE, THEY MUST ACCOMPANY YOU TO YOUR APPOINTMENT. OUR TECHNICIANS ARE UNABLE TO ASSIST WITH CATHETERS, INJECTIONS, DIAPER CHANGING)

## UNDERSTANDING A SLEEP STUDY

A sleep study is an overnight evaluation also called polysomnography, or PSG. Your sleep, breathing, heart rhythm and movements are recorded for an entire night using a variety of devices attached to your head and body.

## WHAT TO EXPECT DURING YOUR APPOINTMENT

The Weill Cornell Center for Sleep Medicine has 12 private rooms. Each patient is assigned a room equipped with a bathroom, television, and a sleep-monitoring computer. Our goal is to provide a pleasant stay to all our patients. If you need special assistance, please contact the center in advance at 646-962-7378.

Upon arrival, you will be fitted with multiple electrodes used to monitor your brain waves, eye movements, muscle tone, heart rhythm, breathing pattern, blood oxygen saturation, and leg movements. These electrodes are connected to you using a special paste on your arms, legs, chest and head. This procedure is virtually painless and most patients sleep quite well with the monitoring equipment. The sleep technician will explain the procedure, and watch your sleep all night on the computer as well as on a video monitor.

*Patients scheduled for a Multiple Sleep Latency Test (MSLT) require daytime testing and will receive a separate sheet with information about this test and specific instructions.*

## PREPARING FOR YOUR APPOINTMENT

Shampoo your hair the morning of your sleep study, taking care not to apply any preparations afterwards (hairspray, gel, etc.) Please inform the night technician of any prosthetic devices you have, as well as dentures and hair pieces. You should have a meal at your normal dinner time prior to arrival. Food options are also available nearby. For patients having an MSLT it may be easier to bring food for the next day or money to order food. You should bring whatever is needed to mimic your normal bedtime routine, including toiletries, comfortable sleepwear (preferably two piece loose fitting pajamas) and slippers. Please note that sleepwear is mandatory.

**If you are taking any medications, you should continue to do so, unless otherwise advised by one of our physicians. Please bring a list of all medications that you are taking and give the list to the technician upon arriving at the Center.**

**If you are arriving late to your appointment, please contact the facility at 646- 962-9311. This is also the number you can be reached in an emergency during your appointment. In case of illness (i.e. extreme nasal congestion, severe colds) on the day of your overnight study, please phone the Center to determine if your study should be rescheduled.**

## AFTER YOUR TEST IS COMPLETED

The technician will wake you up prior to 7:30am at which point all wires will be removed. Shampoo, soap, and towels are provided for your convenience. **Please note your hair will need to be washed with warm water to remove all the residues from the monitoring equipment. A hair dryer is available for your convenience. Once ready to leave the Center, please take with you all your personal belongings, as the Center is not responsible for items left behind. You should follow-up with the doctor requesting the study to review the results and schedule further testing as needed.**

Many patients diagnosed with sleep apnea need an additional treatment night in the sleep laboratory. If that is your case, you will sleep with a mask attached to a device which helps you breath, called continuous positive airway pressure (CPAP).

**\*\* Please note that the technicians are not allowed to discuss test results.**

**\*\* You should contact your doctor to review the study results and discuss treatment options for your condition.**

**Directions by car** (parking is available in the building and across the street)

From the FDR-South take exit 12 at 63<sup>rd</sup> Street - turn left onto York Ave - make a right onto 61<sup>st</sup> Street

From the FDR-North take exit 12 at 61<sup>st</sup> Street - make slight left onto 61st Street - 425 East 61st Street is on the RIGHT

**Directions by subway:** Take the 4/5/6 train to the 59th Street/Lexington Station. Walk four blocks east toward York Ave.

**Directions by bus:** Take the M31 or M15 to 61<sup>st</sup> Street. Walk one block east toward York Ave.