



Weill Cornell Medical College

Center for Sleep Medicine
425 East 61st Street 5th floor
New York, NY 10065
www.weill.cornell.edu/sleepcenter
646.962.7378 (REST)
646.962.0455 (fax)

PATIENT INFORMATION
NAME: _____
ADDRESS: _____ DOB: ____/____/____
MRN#: _____
HEIGHT _____ WEIGHT _____ NYP#: _____
DAYTIME PHONE _____ - _____ - _____ EVENING PHONE _____ - _____ - _____
INSURANCE _____ INSURANCE ID#: _____
(PLEASE FAX A COPY OF THE CARD(S) WITH FORM)
INCLUDE A FAX COPY OF PREVIOUS SLEEP STUDY RESULTS IF ANY

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

- Consultation prior to sleep study
Office visit after sleep study for review of results and management of sleep problems
Overnight Polysomnogram Positional Belt Dental Appliance Oxygen: _____ lpm
Special montage: RBD Bruxism Seizure Capnography Other: _____
Split Night Polysomnogram – at least 2 hrs baseline followed by CPAP/BiPAP titration if indicated
Overnight Polysomnogram with CPAP / BiPAP / ASV
Previous sleep study ____/____/____ AHI = _____ at Cornell Other center: _____
Pediatric Polysomnogram (under age 18)
Multiple Sleep Latency Test (MSLT) / Maintenance of Wakefulness Test (MWT)
URGENT SLEEP STUDY: Reason: _____

PLEASE INDICATE THE REASON FOR PATIENT REFERRAL:
Snores or stops breathing at night
Wakes up gasping for air
Witnessed apneas
Excessive daytime sleepiness or fatigue
Abnormal behaviors during sleep
Other _____
SPECIAL CONSIDERATIONS:
Patient requires oxygen during the night at ____ lpm
Patient requires a personal assistant / home attendant
Patient requires wheelchair access / bed with side rails
Patient requires head of the bed elevation / bariatric bed
Shift-worker – needs daytime sleep study
Other: _____

PLEASE NOTE THAT INSURANCE AUTHORIZATION IS DEPENDENT ON THIS INFORMATION:
Obesity-Hypoventilation Obesity Nasal Obstruction Pulmonary Hypertension
COPD/Chronic Lung Disease Seizures Neuromuscular weakness Neurodegenerative/Cognitive Impairment
Acute MI ____/____/____ CHF Stroke/TIA ____/____/____ Abnormal EKG (EKG copy please)
Hypertension Nocturnal hypoxemia Other: _____

ORDERING PHYSICIAN: CONTACT PERSON: _____
NAME _____ PHONE #: _____
ADDRESS _____ FAX #: _____
NPI #: _____
MD Signature _____ Date _____

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

For Internal Use Only: DATE OF STUDY: _____ VISIT DATE: _____
Standard Room Bariatric Room Room with a recliner ASAP
Capnography Crib 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 take with you all your personal belongings. The Center is not responsible for any items left after your departure.** You will be contacted by the doctor requesting the study in case additional testing is 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 nasal continuous positive airway pressure (nCPAP).

**** 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 immediate area at various garage locations):

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

From the FDR-North take exit 12 at 61st 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 to 61st Street. Via 1st Avenue, then M15 to 61st Street. Walk one block east to York Ave.