Date:

Patient Name:

THE EPWORTH SLEEPINESS SCALE

appropriate number for each situation: recently try to work out how they would have affected you. Use the following scale to choose the most This refers to your usual way of life in recent times. Even if you have not done some of these things How likely are you to doze off or fall as leep in the following situations, in contrast to feeling just tired?

3 = high chan	2 = moderate	1 = slight cha	0 = no chance of dozing
3 = high chance of dozing	2 = moderate chance of dozing	= slight chance of dozing	nce of dozing

SITUATION	CHANCE OF DOZING
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	

To check your sleepiness score, total the points

9 and up	7 - 8	1-6
9 and up Seek the advice of a sleep specialist without delay	Your score is average	Your score is low

EPWORTH SLEEPINESS SCALE KEY

Weight (lbs)

120 130 140 150 160 170 180 190 200 210 220 230 240 250 260 270 280 290 300 5'0" 5'2" 5'4" 5'6" 5'8" 5'10" 6'0" 6'2" 6'4"

Height



Watch-PAT[®] Home Sleep Study Prescription / Order

Certificate of Medical Necessity

Patie	nt (Last, First, MI)				Today	s Date _				
Insur	ance Carrier/ ID#				Date o	f Birth (n	nm/dd/y	уууу)		
Patie	nt Address				Home	Phone _				()*
					Work F	hone				()*
					Cell Ph	none				()*
Emai	I						(*ind	icated	prefer	red number to contact)
Heigh	nt Weight	(or BN	/II)	Epworth Sc	ore		I	Male	- F	emale 🗌
Пн	OME SLEEP STUDY 1	F	юме	SLEEP STUDY 2	🗌 ном	IE SLEE	P STUD	OY 3	Пн	OME SLEEP STUDY 4
			ed Sleep Physician terpretation w/ Certified Sleep P Interpretation			cian	an Comprehensive Sleep Study Report w/o Interpretation			
"HIGH PROBABILITY OF OSA"			FOLLOW UP		OSA Suspected Patient Pay			OSA Screening Patient Pay		
(ESS≥10, BMI≥30 & symptoms (√ below)) CPAP* O/ *Perform S		CAT*	ation(Circle): Surgery Weight Loss W W/O Therapy	(Non-conforming Sleep Parameters)			р	Quantification by Qualified physician for snoring/treatmen		
Does	s patient have a permar	nent pace	make	er? 🗌 Yes 🗌 No		s the pa	atient o	on Ox	vaen?	Yes** □ No
Does patient have a permanent pacemaker? Yes No Is the patient on Oxygen? Yes** No **If Yes - is on room air testing approved? Yes No										
	Sleep Histor	y / Cond	ditio	ns / Symptoms (o	check a	ll appl	icable	e - at	leas	t one)
Loud, Disruptive Snoring				Ischemic Heart Disease		Impaire	d Cogni	tion		Diabetes
	Witnessed Apnea > 10 sec. by			Chronic Fatigue		Morning Headaches				Elongated Soft Palate
	Gasping or Snorting (Durin or Upon Waking Up)	ring Sleep [Hypertension		Insomn	ia	[Nasal Obstruction
	Excessive Daytime Sleepin	piness [History of Stroke		Obesity				Swollen Turbinates
Please list any medications taken:										
	•	Primary	v Dia	anostic ICD-9 Co	ode (ch	eck or	nlv on	۵)		
	Primary Diagnostic ICD-9 C			780.57 Unspecified S					1 Perio	dic Limb Movement
	& Pediatric)			-				Disor	order	
	327.21 Primary Central Slee) Raynaud's Disease		
	307.46 Sleepwalking, Sleep	Terrors	347.01 Narcolepsy with Cataplexy			496.0	.0 COPD			
РАТ	TENT'S INSURANC	E INFO	RMA	TION: * <u>Attach co</u>	opy of fr	ont and	l back	of in:	<u>suran</u>	<i>ce card</i> *(as indicated)
Phys	sician Signature		- <u>-</u>	Date	P	hysicia	n Name	e (prii	nted)	
-	y signing below, I acknowle ne Medical, Inc. to bill my Ii	edge that I l	have re	eceived and read 1st Lir	ne Medica	l, Inc.'s P	Policy St	ateme	nt and	give permission to

Patient Signature

Submit via Fax #: 800-918-7860

Phone Number: 866-720-8080

Date

1st Line Medical, Inc. , 854 US Route 3, Holderness, NH 03245

NH Pharmaceutical License# 8064 rev

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