

MSLT/MWT Sleep Study Worksheet

Patient Name _____ DOB _____ Age _____

Health Plan _____ Member Number _____

Requesting Physician _____ Sleep Study Provider _____

Directions:

Collect patient information from the requesting physician. Submit online (www.ProviderPortal.com) for an instant response.

Diagnostic Sleep Study Type (check one): MSLT/MWT

Has the patient previously had a MSLT or MWT study? Yes No

Primary Suspected Diagnosis _____

Sleep Study History

Previous MSLT/MWT did not provide diagnosis of narcolepsy: Yes No Unknown

Signs and Symptoms

(please check all that apply)

Daytime hypersomnolence for at least eight weeks

At least one of the following:

Disrupted nocturnal sleep

Cataplexy

Hallucinations

Sleep Paralysis

Difficult morning awakening

Prolonged night sleep

Sleep drunkenness

Frequent non-refreshing daytime naps



MSLT/MWT Sleep Study Worksheet

continued

Has the patient previously had a MSLT Or MWT study? Yes No

Primary Suspected Diagnosis _____

Sleep Study History

Previous MSLT/MWT did not provide diagnosis of narcolepsy: Yes No Unknown (due to no previous sleep testing or patient tested negative for OSA)

Signs and Symptoms

(please check all that apply)

Daytime hypersomnolence for at least eight weeks

At least one of the following:

- Disrupted nocturnal sleep
- Cataplexy
- Hallucinations
- Sleep Paralysis
- Difficult morning awakening
- Prolonged night sleep
- Sleep drunkenness
- Frequent non-refreshing daytime naps

