Sleep centre request form



Appointment Telephone: +44 (0)20 7460 5561			Email: Sleep.clinic@cromwellhospital.com		
Patient details* (or label)			Testing considerations*		
Name:			Specify purpose of investigation Diagnostic F/U Surgical pre-assessment		
DOB: dd / mm / yyyy MRN:			Specify infection/immunity stat	r infection/immunity status ctious	
Contact Number:			if yes, please specify:		
Clinical	details (Please	include here symptoms, suspected diagnosis and rel	evant clincal history (previous surgery,	known lung disease, other comorbidities)	
Sleep	Investig	gations			
551925	Polysomnography (PSG) - Inpatient Recording of EEG, EOG, EMG, ECG, respiratory effort and video during sleep. Available from the age of 1.				
552028	Polysomnography with Multiple Sleep Latency Test (PSG with MSLT) - Inpatient Includes a PSG and the recording of up to 5 naps on the following day (EEG, EOG, EMG, ECG). Available from the age of 12.				
558008	Home Polysomnography (Home PSG) Recording of EEG, EOG, EMG, ECG, respiratory effort and video during sleep. Available from the age of 1.				
552027	Polysomnography (PSG) with PAP review - Inpatient PSG performed on PAP. PAP download and consultation included. Consumables not included. Available from the age of 1.				
551928	Maintenance wakefulness test - Inpatient Recording of EEG, EOG, EMG, ECG, and video during the day. Available for adults only.				
150035	Ambulatory Overnight Oximetry (take-home) Recording of respiratory effort during sleep. Available from the age of 1.				
420001	Actigraphy (14-day study) Recording of activity for 14 days. Available from the age of 5.				
420003	Transcutaneous CO2 monitoring / TOSCA - to be added to PSG or Home PSG Recording of CO2 during sleep. Available from the age of 1.				
TOSCA0	TOSCA with respiratory polygraphy - Inpatient or Home Recording of respiratory effort and CO2 during sleep. Available from the age of 1.				
CPAP/	-	scriptions and Trials			
150045	CPAP Trial (4-week device rental, accessories and follo		llow-up)		
150060	NIV Trial (4-week device rental, accessories and follow-up)		ow-up)		
CPS	CPAP Purchase & Set-Up (CPAP device, accessories and follow-up)				
PTS	Sleep Positional Trainer Trial / Purchase				
Autho	orisation				
Requesting doctor			GMC Number		
Signature			Date		
Email (e	mails to non	-cromwell accounts will be encrypted):			