Authorisation request for full overnight polysomnogram

SASSH South African Society for Sleep and Health

Procedure codes:	**2719 & 2720**
Sleep disorder suspected:	

Patient information

Name: _____ Surname: _____

ID number: _____ Contact number: _____

Medical Aid

Medical Aid Name: _____ Medical Aid Number: _____

Medical Aid Plan: _____ Dependent Code: _____

Main Member: _____ Main Member ID No: _____

PMB status:

Is this request related to the management of a PMB condition? **Yes** ☐ **No** ☐

Cardiac arrythmia _____ ☐ Cerebrovascular disease _____ ☐ Hypertension _____ ☐

Depression _____ ☐ Type 2 Diabetes mellitus _____ ☐ Cor Pulmonale _____ ☐

Other PMB disorder _____ ☐

Reason for not using an apnea specific device:

Severe respiratory disease: ☐ Respiratory failure ☐ Chronic use of O_2 at night ☐

Severe cardiovascular disease: ☐ NYHA III/IV / LVEF <45% ☐

Neurological disease: ☐ Epilepsy/Stroke/Parkinson's Disease ☐ Periodic Leg Movement Disorder ☐

Complex sleep disorder: ☐ Multiple sleep disorders ☐ PSG for narcolepsy ☐

Failed/negative apnea diagnostic study ☐ Failed/negative CPAP titration ☐

Other sleep disordered breathing ☐ Non-respiratory sleep disorder ☐

Other: Nursing assistance required ☐ Logistical problem ☐ Paediatric patient ☐

Additional Motivation .....

STOPBANG Score: _____/8 Epworth Sleepiness Score: _____/24 Fatigue severity scale: _____/63

Gender: _____ BMI: _____ m^2/kg

Test to be performed by:

Name: _____ Practice number: _____ Facility _____

Requesting Doctor: _____ Practice number: _____

Email Address: _____ Contact number: _____

Signature: _____ Date: _____