

 Phone: _____
 Fax: _____

VirtuSOM Program Overnight EEG Order Form

Prescription and Clinical Evaluation



1 Patient Information:

| | | | | |
|---|------------|------------|---|-----|
| NAME | | GENDER | DOB (mm/dd/yyyy) | SS# |
| ADDRESS | | CITY | STATE | ZIP |
| HOME PHONE | WORK PHONE | CELL PHONE | EMAIL | |
| PREFERRED WRITTEN LANGUAGE | | | PREFERRED SPOKEN LANGUAGE | |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Same as written language <input type="checkbox"/> Other _____ | |

2 Prescriber Information:

| | | |
|-------|---------|----------------|
| NAME | ADDRESS | CITY/STATE/ZIP |
| PHONE | FAX | NPI |

3 Insurance: Check here if self-pay

| | | | |
|--------------|-----|--------|-------|
| PAYOR NAME 1 | ID# | GROUP# | PHONE |
| PAYOR NAME 2 | ID# | GROUP# | PHONE |

4 Sleep History & Physical Exam: (check all conditions that could be impacting sleep quality)

| | | | | |
|-----------------------|---|---|---|--|
| Comorbidities: | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> TBI |
| | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Morbidly obese | <input type="checkbox"/> Anxiety | <input type="checkbox"/> PTSD |
| Currently prescribed: | <input type="checkbox"/> Benzodiazepine | <input type="checkbox"/> Other sleeping aid | <input type="checkbox"/> Antidepressant | <input type="checkbox"/> Antianxiety |
| | <input type="checkbox"/> Anticonvulsant | <input type="checkbox"/> Opioid | <input type="checkbox"/> Nerve pain | <input type="checkbox"/> CNS stimulant |

5 Diagnostic Codes:

| | |
|---|---|
| Hyposomnia / Insomnia <input type="checkbox"/> F51.03 Paradoxical insomnia (sleep state misperception or pseudo insomnia) <input type="checkbox"/> F51.09 Insomnia (not due to a substance or known physiological condition) <input type="checkbox"/> G47.0 Insomnia (unspecified) Hypersomnia <input type="checkbox"/> G47.11 Idiopathic hypersomnia with long sleep time <input type="checkbox"/> G53.83 Other fatigue (lack of energy or tiredness) <input type="checkbox"/> G47.08 Other sleep disorder or disturbances (due to general medical or mixed condition, or sleep onset disorder) | Hypersomnia with comorbid depression <input type="checkbox"/> F51.12 Insufficient sleep syndrome (insufficient sleep excludes sleep deprivation) <input type="checkbox"/> F51.19 Hypersomnia (non-organic and not due to a substance or known physiological condition) Sleep quality potentially impacted by mental state <input type="checkbox"/> F41.09 Anxiety (chronic) Memory potentially impacted by sleep quality <input type="checkbox"/> G31.84 Mild cognitive impairment |
|---|---|

6 VirtuSOM Overnight EEG Test Procedure:

| | | |
|--|--|--|
| <input type="checkbox"/> Medication Validation Program <i>Used to verify patients need for sleep medications prior to prescribing</i> Night 1 EEG Auto Enroll in CBT-I if recommended Auto Repeat EEG for 1 night after CBT-I | <input type="checkbox"/> Medication Titration Program <i>Used to verify the lowest dosage required to obtain optimum sleep</i> Medication: _____ Night 1 EEG & dosage: _____ Night 2 EEG & dosage: _____ Night 3 EEG & dosage: _____ | <input type="checkbox"/> Medication Elimination Program <i>Used to eliminate sleep medications and replace with CBT-I the gold standard for Insomnia</i> Medication: _____ Night 1 EEG & dosage: _____ Night 2 EEG & dosage: _____ Night 3 EEG & dosage: _____ Auto Enroll in CBT-I if recommended Auto Repeat EEG for 1 night after CBT-I |
|--|--|--|

7 Prescriber Signature & Certification: (Stamped dates/signatures not valid. Must be signed by Prescriber/PA/NP)

I, the undersigned, certify that I am the patient's treating prescriber and that the information contained on this form is based on a face-to-face office visit. I am prescribing up to a three-night overnight EEG to assess sleep quality, conduct sleep medication titration or assess the need for sleep medications.

Sign Here: X _____ Date: _____