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COORDINATED SLEEP EVALUATION (CSE)
for suspected sleep disordered breathing

The Driscoll Children's Hospital Sleep Center is happy to offer **Coordinated Sleep Evaluations (CSE)** to minimize travel to Corpus for families of patient suspected of **Obstructive or Central Sleep apnea**.

A CSE is a 2-day and 1- or 2-nights evaluation exclusively for **OBSTRUCTIVE** and **CENTRAL** SLEEP APNEA:

- | | |
|---|--|
| <p>- Day 1</p> <ul style="list-style-type: none">○ Initial Sleep CLINIC consult evaluation○ Diagnostic sleep study on the same night | <p>- Day 2</p> <ul style="list-style-type: none">○ Clinic follow up to review results of the sleep study○ Mask fit and CPAP desense – If Indicated○ CPAP titration sleep study (2nd night) – If indicated |
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PATIENT INFORMATION

Patient Name: _____ DOB: _____

Guarantor Name: _____ Phone Number: _____

Primary Coverage: _____ Member ID: _____

Referring Provider: _____ Phone Number: _____ Fax Number: _____

Please check all the diagnoses that you are referring for a Coordinated Sleep Evaluation (CSE):

- | | |
|--|---|
| <ul style="list-style-type: none">○ Snoring - R06.83○ Obstructive Sleep Apnea - G47.33○ Sleep Disordered Breathing - G47.30○ Witnessed apnea - R06.81 | <ul style="list-style-type: none">○ Tonsillar Hypertrophy - J35.1○ Central Sleep Apnea - G47.31○ Morbid Obesity - E66.01 (BMI _____)○ Trisomy 21 - Q90.9 |
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For ALL other sleep concerns such as insomnia or sleepiness-without-OSA, please refer to the sleep clinic.

Please do NOT use this form except for evaluation of Sleep disordered breathing (obstructive & Central apnea). Other sleep concerns may not require an overnight stay and referring them for a CSE would potentially delay their evaluation unnecessarily.

Physician Signature: _____ Date: _____