



Tel: 703-313-9111

Fax: 703-313-4945

7115 Leesburg Pike Suite 201 Falls Church, VA 22043

9010 Lorton Station Blvd #220, Lorton, VA 22079

SLEEP STUDY QUESTIONNAIRE & INSTRUCTIONS

Appointment Location: _____ **Appointment Date:** _____ **Appointment Time:** _____

INSTRUCTIONS:

7115 Leesburg Pike Suite 201 Falls Church, VA 22043

- If you're going to Falls Church lab, please use the silver call box located to the right of the building entrance. Press # for directory, and locate "Sleep Lab", then you will be prompted to dial 02 to call our suite and the tech on duty will buzz you into the building.

9010 Lorton Station Blvd #220, Lorton, VA 22079

- If you're going to our Lorton lab, the silver call box is located to the right of the back entrance to the building. Please scroll to find and select the name "ISS" – Integrated Sleep Services. This will call our suite and the tech on duty will buzz you into the building.
- ✓ 48 hour notice is required for cancellations, otherwise a \$200.00 will be charged for missed appointments. Your insurance will not cover this charge.
 - ✓ Please arrive to your designated sleep lab at your scheduled time on the night of your study. There may not be someone to let you into the building if you arrive very early for your appointment.
 - ✓ Please arrive with clean, dry hair and avoid hair products, makeup, and excessive cream or body lotions on the night of your study.
 - ✓ Please take all of your regular medications, unless otherwise instructed by your physician. Please bring all medication that you may need during your stay.
 - ✓ Please do not drink alcoholic beverages on the day of your study.
 - ✓ Please do not consume caffeine after 12:00 PM on the day of your study.
 - ✓ Please try to get a full night sleep prior to the night of your study, and please avoid taking any naps.
 - ✓ Please bring comfortable night clothes for your sleep study. Loose fitting cotton pajamas are preferred.
 - ✓ Please feel free to bring any personal belongings to your study that may help you sleep more comfortably, for example a favorite pillow, book, tablet, etc.
 - ✓ Bathrooms and shower stalls are available for your convenience. A special conductive paste will be used in your hair to monitor EEG activity. For this reason, you may want to wash your hair prior to leaving the sleep lab.
 - ✓ Your technologist will end the sleep study between 5:00 AM – 5:30 AM.

SLEEP QUESTIONNAIRE:

Name: _____ Date: _____

Date of Birth: _____ Referring Physician: _____

Phone Number: _____ Address: _____

*** This is required if you have not been seen in our office by one of our physicians prior to this sleep study appointment.**

Primary Insurance: _____

Insurance Address: _____

Policy # _____ Group # _____

Policy Holder Name: (Last) _____ (First) _____ (Middle) _____

Date of Birth _____ Sex _____ Relationship to Policy Holder: _____

MEDICAL HISTORY:

Please indicate your Height: _____ ft _____ in Current Weight: _____ lbs Weight 1 Year Ago: _____ lbs

Has your weight changed significantly within the last 5 years? YES NO

If yes, how so? _____

Have you ever had your tonsils removed? YES NO

Have you ever had your adenoids removed? YES NO

Have you had any other surgeries? YES NO

If yes, please list surgery and date (mm/yy): _____

MEDICATIONS:

Please list all prescription and over-the-counter medications that you currently use

Medication	Dose	Directions