



## How to prepare for your sleep study?

1. Before the study, you will need to shower and wash and dry your hair.
2. Do not use conditioners, hair spray, oils or makeup, as the electrodes need to have good contact with your skin.
3. Consult your physicians regarding your medications, but usually you will maintain your regular regimen. Contact your doctor to obtain a sleep aid if you feel that you will be unable to sleep. *If you choose to use a sleep aid, you must arrange alternate transportation after the sleep test has been completed.*
4. Do not engage in heavy exercise or drink alcohol or caffeinated beverages within eight (8) hours of the study.
5. You will be assigned a private room with a queen bed. Bring your sleepwear and any items that make you feel comfortable, such as your favorite pillow. Please leave valuables and jewelry at home.
6. **Bring**
  - a. **Photo ID**
  - b. **Insurance Card**
  - c. **Patient Registration Form**
  - d. **Medication List**
  - e. **Partner or Roommate questionnaire**
  - f. **Epworth Sleepiness Scale and Sleep History Questionnaire**

## What can you expect during the sleep study?

1. Our facility follows CDC guidelines for cleanliness and sanitation. Upon request, we are happy to provide you with detailed information on cleaning and disinfections protocols designed to protect the health of patients and staff.
2. **Masks are required to enter the sleep laboratory facility and must be worn in all common areas.** Patients will remove masks while in their private rooms.
3. **You are required to complete a health questionnaire of Covid-19 symptoms and temperature check upon arrival.**
4. You will be asked to review and sign a Conditions of Consent for Treatment.
5. Our staff will be wearing a mask at all times during any interaction and personal protective equipment (PPE) when preparing you for the sleep test.
6. This is a diagnostic test ordered by your physician. The technologist will connect electrodes designed to record various parameters while you sleep. They are not painful or uncomfortable. Please visit [www.remdiagnosicsinc.com](http://www.remdiagnosicsinc.com) for more information about sleep studies.
7. You will be assigned a designated bathroom *for your use only*. Use only this bathroom during your sleep visit.
8. Your sleep study will be completed and you will be awakened and discharged between 5:00 am to 6:00 am.
9. We recommend that you schedule a follow-up visit with your doctor approximately three (3) weeks after your sleep study.

## Insurance Billing

1. It is your primary care physician's (PCP) responsibility to obtain any required insurance authorizations.
2. It is your responsibility to understand the terms and payments described by your insurance plan and any co-insurance, co-pay, and/or deductible obligations.
3. The sleep lab will bill your insurance for both the technical sleep lab study and the professional interpretation performed by a physician.
4. Should your insurance plan change prior to your scheduled sleep study, please notify our office immediately and bring a copy of the new card with you to the sleep study.

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Patient Name (Printed)

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Date

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Patient Name (Signature)

**Patient Registration and Insurance  
Information**



**Patient Information**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Marital Status \_\_\_\_\_ Employment Status \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Referring Physician \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

**Insurance Information**

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Subscriber Name \_\_\_\_\_  
Subscriber DOB \_\_\_\_\_ Subscriber DOB \_\_\_\_\_  
ID # \_\_\_\_\_ ID # \_\_\_\_\_  
Group # \_\_\_\_\_ Group # \_\_\_\_\_  
Claims Address \_\_\_\_\_ Claims Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Patient Signature/Guarantor \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

**PLEASE COMPLETE ENTIRE FORM**





# REM DIAGNOSTICS

## SPECIALISTS IN SLEEP

### Spouse or Roommate Questionnaire

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check any of the following behaviors that you have observed the patient doing while they are asleep:

- Loud Snoring
- Light Snoring
- Twitching of the legs or feet during sleep
- Pauses in breathing
- Grinding Teeth
- Sleep Walking
- Bed Wetting
- Sitting up in bed but not awake
- Head rocking or banging
- Kicking with legs during sleep
- Getting out of bed but not awake
- Biting tongue
- Becoming very rigid and/or shaking

How long have you been aware of the sleep behavior(s) checked above? \_\_\_\_\_

Describe the behavior(s) checked above in more detail. Include a description of the activity, the time of night when it occurs, its frequency, and whether it occurs every night. Please describe if activities occur during certain positions:

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If you hear loud snoring, do you remember hearing pauses in the snoring or occasional loud "snorts"?

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Sleep History Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Usual Sleep Habits:

Bed Time: \_\_\_\_\_ Number of times awake to urinate, etc.: \_\_\_\_\_

Wake Time: \_\_\_\_\_ Number of naps per week: \_\_\_\_\_ Collar Size: \_\_\_\_\_

Check all that apply:

- Excessive Daytime Sleepiness as evidenced by:
1. Inappropriate Napping
2. Sleepiness Interferes with activities
Choking sensation associated with awakening
Non-rested upon awakening
Loud Snoring
Restless Sleep
Trouble with Concentration
Witnessed Apnea (stop breathing) while asleep
Awaken with headache
Vivid Dreams
Dreams or hallucinations while awake
Paralysis or inability to move upon awakening
Sudden feeling of weakness in legs
Excessive Movement During Sleep
Legs jerk during sleep
Jaws ache in morning
Teeth Grinding
Trouble initiating Sleep
Creeping or crawling sensation in legs
Caffeine consumption
Alcohol consumption prior to bedtime

Current Medical History:

- High Blood Pressure
Gained 10 pounds within past year
Coronary Artery Disease
Diabetes
Mood Disorder
Stroke

Current Medical Treatment:

List all conditions for which you are currently or have received treatment for in the last two years:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Previous surgeries and approximate dates:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Previous Sleep Study? Yes / No Currently use CPAP? Yes / No If yes, list pressure: \_\_\_\_\_

Other Nighttime Symptoms:

\_\_\_\_\_
\_\_\_\_\_

# EPWORTH SLEEPINESS SCALE

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Your Age: \_\_\_\_\_ Sex: \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze

1 = slight chance of dozing

2 = moderate chance of dozing

3 = high chance of dozing

SITUATION	CHANCE OF DOZING
1. Sitting and reading	_____
2. Watching TV	_____
3. Sitting, inactive in a public place (such as in a theater or meeting)	_____
4. As a passenger in a car for an hour without a break	_____
5. Lying down to rest in the afternoon when circumstances permit	_____
6. Sitting and talking to someone	_____
7. Sitting quietly after lunch without alcohol	_____
8. In a car, while stopped for a few minutes in traffic	_____
TOTAL	_____



## REM Diagnostics, Inc.

*Specialists in Sleep*

Our goal at REM is to provide you with the highest quality in sleep diagnostics with the latest technology in a safe, comfortable environment. Our licensed technicians extend every effort to identify and treat sleep disorders and help you achieve a Great Night's Sleep!

Our highly trained staff of technicians uses state-of-the-art digital equipment and sophisticated software in the identification and treatment of sleep disorders. You will be greeted by our friendly staff upon your arrival and we will do everything possible to ensure you have a comfortable night's sleep.

The attractive furnishings, comfortable atmosphere and friendly personnel set us apart from other labs. Our commitment is to minimize any normal stress some people experience before undergoing medical testing. Our bedrooms are designed with your comfort in mind with a hotel-like atmosphere, comfortable, with queen-sized beds. Please feel free to bring your own pillow or book to read.

We strive to provide the comforts of home in our sleep lab. We want your experience to be positive; our staff will provide the highest level of care to make sure you achieve a restful night's sleep. Please do not hesitate to call with questions or concerns at (805)785-0126.

To prove our commitment to patient care and safety we are proud to be Joint Commission Accredited. Please feel free to log online to find out more information about our standard of care at [www.jointcommission.org](http://www.jointcommission.org) or 630-792-5800.

Sincerely,

Tim Plooy, RPSGT  
Lab Manager  
REM Diagnostics, Inc.



## **REM Diagnostics, Inc.**

Joint Commission Accredited

Phone: (805) 785-0126

Fax: (805) 785-0127

[www.rem diagnosticsinc.com](http://www.rem diagnosticsinc.com)



### **POLICY ON CONFIDENTIALITY**

REM Diagnostics, Inc. will maintain all patient information and records in a manner to guarantee the confidentiality of all information.

Patient records and information will be stored electronically on computers utilizing access codes to guarantee that only authorized employees will have access. Information obtained will be for the sole purpose of performing sleep studies and in obtaining authorized reimbursement.

The medical record, reports, and data recordings will be sent to one of our sleep and/or pulmonary specialists authorized to review the information and provide a medical interpretation of sleep studies. The sleep and/or pulmonary specialist will maintain the confidentiality of the information. The medical interpretation of sleep studies is done via a secure, password-protected and encrypted web site. Current physicians providing interpretation include Ross Michel, M.D., Mark Soll, M.D., Laura Lubarsky, M.D., and Michael Ryan, M.D.

Patients may authorize the distribution of this information to another physician, clinic, hospital, or other entity responsible for the patient's health care via written authorization. This authorization will be retained in the patient's medical record.

All patient medical records will be retained for seven years. In the event that patient records have exceeded seven years, or if computer software and/or hardware is updated, all information stored will be destroyed in a manner to guaranteed that it is not retrievable.