



CHI Memorial Regional Sleep Center

PLEASE TAKE A MOMENT TO ANSWER THE FOLLOWING QUESTIONS.

Have you had a sleep study in the past? Yes No

If so, where was the study performed? _____

If so, who was the sleep doctor/provider? _____

If so, do you have a copy of your previous sleep study? Yes No

We ask that you please complete the attached medical record release should we need to secure any additional medical records related to your care.

If you currently wear CPAP, please bring your machine and power cable with you to your appointment.