

Name : _____	First name : _____	Date of birth : _____
Address : _____	Insurance n° : 807 _____	
_____	Insurance : _____	
Home phone : _____	AVS n° : 756. _____	
Mobile phone : _____	Email : _____	

- Polygraphy for a child aged 6 to 12 years (1 night) due to
- Suspicion of sleep apnoea-hypopnoea syndrome as part of a pre-operative check-up

Clinical information

Sleep disorder : _____	Weight : _____
Clinical diagnoses : _____	Height : _____
Medical history : _____	
Previous treatments : _____	
Current treatments : _____	

Referring physician

Name : _____ Stamp : _____

Date : _____