

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

- ☐ **Specialised consultation with a somnologist (specialised consultation, scheduling of a polysomnographic exam and/or daytime sleepiness tests, therapeutic proposal)**
- ☐ **Polysomnography (1 night) due to**
- ☐ Suspicion of sleep apnoea-hypopnoea syndrome
 - Type : ☐ Standard exam
 - ☐ Exam with capnography
 - ☐ Suspicion of periodic limb movements during sleep
- ☐ **Assessment of daytime sleepiness (recommended beforehand).**
- ☐ Suspicion of hypersomnia-narcolepsy
(1 night polysomnography with multiple sleep latency test "MSLT" during the day)
 - ☐ Évaluation de la somnolence diurne résiduelle
 - Type : ☐ 1 night polysomnography + maintenance of wakefulness test (MWT)
 - ☐ Maintenance of wakefulness test (MWT) alone
- ☐ **Other examination, other request :** _____
- ☐ **Follow-up through cognitive-behavioural therapy for insomnia (initial assessment by a somnologist, delegated psychotherapy performed by a psychologist from the CENAS Centre)**

Clinical information

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

Referring physician

Name : _____ Stamp : _____

Date : _____