

Name : _____	First name : _____	Birthdate : _____
Address : _____		
Insurance n° : 807	Insurance : _____	AVS n° : 756. _____
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

Adult polygraphic examination (1-night ambulatory) due to :

Suspicion of sleep apnea-hypopnea syndrome as part of a preoperative assessment.

Assessment of daytime sleepiness (Prior consultation with a sleep specialist is recommended) :

Suspicion of hypersomnia-narcolepsy (1 night polysomnography with multiple sleep latency test (MSLT) during the day)

Assessment of residual daytime sleepiness

Type : 1 night polysomnography +
maintenance of wakefulness test (MWT)

Other examination, other request : _____

Follow-up in cognitive behavioral therapy for insomnia carried out by a psychologist from the Cenas center.

Indications : Insomnia (CBT-I) (7 sessions) Circadian rhythm disorders (4–5 sessions)

PSG assessment preparation Sleep–wake rhythm regulation Sleep hygiene

Clinical information	Previous treatments : _____ _____
Sleep disorder : _____ _____	Current treatments : _____ _____
Clinical diagnoses : _____ _____	Weight/Height : _____ _____
Medical history : _____ _____	Level of independence (cognitive impairment, etc.) : _____ _____

Referring physician : _____ Date : _____ Stamp : _____