

Dear _____,

Your Sleep Study will begin the night of _____ **at 8:00 pm**, and will end the following day either:

Between 6:00 am and 7:00 am or

Between 3:00 pm and 5:00 pm.

Please, if you are unable to keep your scheduled appointment, we require 48-hour notice. For scheduling changes, please call Central Scheduling at 734-712-1313 Option 3.

If you do not notify us, you may be billed \$200.00.

If you have any questions or special needs that the Sleep Disorders Center staff should be aware of such as hospital bed, please notify us prior to your test by calling 734-712-2440.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

- 1. PATIENT REGISTRATION:** You must register for your outpatient sleep test by calling (800) 676-0437, Monday through Friday between the hours of 8:00 am and 5:00 pm prior to the date of your test.
- 2. LOCATING THE SLEEP CENTER:** The Sleep Disorders Center is located in Building 5305 on the third floor in the McAuley Inn. You may park in the patient parking spaces in front of Building 5305 (Administration Bldg.) on the 3rd floor. You may park in the patient parking spaces in front of Building 5305, parking lot P. Take the lobby elevator to the third floor; turn right through the glass door and right again to the Sleep Disorders Center. Check in at the small glass window.
- 3. THE QUESTIONNAIRE:** A questionnaire concerning your medical history and sleep habits are a part of this packet. Please fill it out as completely as possible and bring it with you the night of your test.
- 4. ALCOHOL:** Avoid drinking any alcoholic beverages on the day of your test, unless you have been told to do so by your physician.
- 5. SMOKING:** The Sleep Disorders Center (and all of St. Joseph Mercy Hospital) is a smoke-free environment. Smoking is not permitted on the premises.
- 6. CAFFEINE:** Do not drink any coffee, tea, or caffeinated beverages after 5:00 pm on the day of your test. You should not have any kind of caffeine (including chocolate) until your test is completed.

7. Do not drink large amounts of any fluids after 5 p.m. the day of your sleep test.
8. Do not take any naps the day of your test if you can possibly avoid it.
9. **MEDICATIONS:** Your sleep test is an outpatient procedure, so nursing services and medication will not be provided. If you take medication regularly, bring it with you and take it as usual.
10. **SLEEPWEAR:** Please wear comfortable sleep clothing such as pajamas, or shorts & T-shirt; please avoid fleece and silky material. If you have a favorite pillow or blanket, please bring it with you so you will feel more at home.
11. **MEALS:** Breakfast and lunch trays will be provided for patients who stay throughout the day following their overnight study. Please, notify your technician if you have a special diet. You will also be able to go to the hospital cafeteria. Snacks are available in a vending room in the McAuley Inn. You may also bring your own food or snacks from home. A refrigerator and microwave oven are available for your use.
12. **HYGIENE:** Please wash your hair prior to coming in for your sleep test. Do not use hairspray, mousse, or gel. Do not wear braids or hair extensions. Women should not wear nail polish, heavy makeup, or skin creams. **Men who do not have beards should shave.** This will help us to attain the highest quality of test results.
13. **WHAT TO EXPECT DURING THE STUDY:** The Sleep Disorders Center technician will apply electrode wires to your head, torso, and legs. There is little, if any, discomfort involved. Each patient will be sleeping approximately eight hours. Those patients scheduled to stay over the following day will be taking several scheduled naps. Between naps, you will not be monitored but you will still be wearing the electrode wires attached to your body. You will be able to move about freely and we encourage you to wear street clothes. Your room is a regular hotel room with a color television and a private bathroom. You may want to bring reading material, paperwork, or craft projects to pass the time between naps.
14. **REPORTING TIME:** If you are not able to arrive by 8:00 p.m. please call the lab and inform a member of our staff. Again, late cancellations or missed appointments may be subject to a \$200.00 fee.

**We would like to thank you for choosing St. Joseph Mercy Hospital for your Sleep Study!
Our Sleep Disorders Center is accredited through the American Academy of Sleep Medicine.**

Sleep Disorders Clinic Return Visit Questionnaire

Patient Name _____ Date _____

Address _____

Telephone: Day _____ Evening _____

Height _____ Weight _____

Have you had any treatment for your sleep disorders since your last visit to the clinic?

Yes No If yes, please describe the treatment _____

Since your last visit, have you changed the amount of caffeinated beverages (coffee, tea, cola, etc.) you drink on the average?

Yes No If yes, please describe the treatment _____

Since your last visit, have you changed the prescription drugs which you take?

Yes No If yes, please describe the treatment _____

Have your sleeping habits changed since your last visit?

Yes No If yes, please describe the treatment _____

Are there any changes which we should know about regarding your health and/or sleep since your last visit?

Yes No If yes, please describe the treatment _____
