

Ismail

Sleep Disorder Centers

PATIENT NAME: _____

Your sleep study is scheduled for _____ at _____
at Dr. Ismail's Sleep Disorder Center. Please notify the technologist if you will be arriving any
later than your scheduled appointment or it will be assumed you may not be coming and
another patient may be contacted. You will be staying overnight in a private room in our facility
at:

ISMAIL SLEEP DISORDER CENTER

550 STANTON CHRISTIANA ROAD, SUITE 101

WHITE CLAY MEDICAL CENTER, NEWARK, DE 19713

PHONE # 302-633-9033

Enclosed are forms that you should fill out and bring with you to your appointment (only for
your 1st SLEEP STUDY, DO NOT return the forms by mail). Fill out the paperwork as completely
as possible. These forms are important to us when processing your sleep study. Upon arrival,
please park in the parking lot and ring the bell next to the doors and wait for the technologist to
buzz you in.

For sleeping, you may wear any loose fitting, comfortable clothing or pajamas. For patients that
may wear nail polish or have acrylic nails, please remove it from your middle finger on either
hand prior to your study. NO BRAIDED hair. The study finishes around 5:15 am; if you have a
ride picking you up, please ask them to arrive around 530am.

PLEASE NOTE: Please notify our office at **302-633-9033, 72 hours or 3
WORKING DAYS** in advance should you need to reschedule or cancel your sleep study.
Failure to provide advanced notification will result in a **\$200.00 NO SHOW / NO CALL
CANCELATION FEE.**

Sincerely,

Ismail Sleep Disorder Center Staff

Ismail Sleep Disorder Center
550 Stanton Christiana Road, Suite 101
Newark, DE 19713
302-633-9033

CONSENT FOR POLYSOMNOGRAPHY

I understand that I will be undergoing a sleep study in the lab, with electrodes and other sensors will be attached to my body. There may be a brief unpleasant odor from the prep that is applied to the skin to prepare for the electrodes, which will disperse quickly. The tape or electrodes may cause discomfort during removal and may cause redness at the site of attachment. There may be some residue left from the paste used to apply the electrodes to the scalp; washing the hair will remove all remaining residue. During the study, I will be free to roll over in bed, but will have to ask for assistance to get out of bed. I will be observed on closed circuit TV throughout the study; there are NO significant risks to me while the test is being performed. I understand the reason for the test and the procedure has been explained to me.

Signature (Patient, Parent/Guardian if under 18

Date

Witness

Date

Ismail Sleep Disorder Center
550 Stanton Christiana Road, Suite 101
Newark, DE 19713
302-633-9033

CONSENT TO PHOTOGRAPH AND/OR AUDIO VIDEOTAPE

I, _____, authorize the taking of Patient (Parent or Guardian) photographs and/or audio-videotape(s) by Ismail Sleep Disorder Center. It is with the understanding that such photographs and/or video tapes may be used for educational purposes or in the event of legal action. The Sleep Center is able to release information with recourse from any liability arising from the taking and use of such photographs or videotapes.

I also assign the right for Ismail Sleep Disorder Center, to copy the materials in whole or parts. Any use for the tape for medical education will not identify me.

Check here if you do NOT authorize use for educational purposes.

Signature (Patient, Parent/Guardian if under 18)

Date

Witness

Date

EPWORTH SLEEPINESS SCALE

Name: _____ Today's Date: _____

Your Age: (yrs): _____ Your sex (Male = M, Female – F) _____

How likely are you to **doze off** or **fall asleep** in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of the things recently, try to work out how they would have affected you.

Use the following scale to choose the **Most Appropriate** number for each situation:

- 0 = would **Never** doze
- 1 = **Slight** chance of dozing
- 2 = **Moderate** chance of dozing
- 3 = **High** chance of dozing

It's important that you answer each question as best as you can.

Situation:

Chance of Dozing

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. Theatre or mtg)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In a car, while stopped for a few minutes in traffic



HUMMAYUN ISMAIL, MD
M.D. 1984

Acknowledgment of Privacy Act (HIPAA)

I _____, (Patient) certify that I have received a copy of Notice of Privacy Practices describes the type of uses and disclosures of my professional health information that might occur in my treatment. The Notice of Privacy Practices also describes my rights and Ismail Sleep Disorder Centers duties with respect to my protected health information. I have received a copy of the Notice of Privacy Practices.

Ismail Sleep Disorders Centers, reserve the right to change the privacy described in the Notice of Privacy Practices. If this occurs, Ismail Sleep Disorders Centers will provide me with the revised copy.

Signature (Patient, Parent or Legal Guardian)

Date

Witness

Date

Ismail Sleep Disorders Center
550 Stanton- Christiana Road, Suite 101
Newark, DE 19713
Ph 302-633-9033 Fx 302-633-9032
www.Hismailmd.com

Release of Medical Records

I, _____, (Patient) give Ismail Sleep Disorders Center, (ISDC) my permission to release the results of my sleep study to the following physicians: (In addition to your referring physician).

1. _____
2. _____
3. _____

Patient Signature

Date



HUMAYUN ISMAIL, MD

PRE-SLEEP QUESTIONNAIRE

Name: _____ Date: _____

Patient #: _____ Age: _____ D.O.B. _____

1. What is your height and weight? _____ Height _____ Weight

2. Did you take any naps today? _____ Yes _____ No
If yes, what time? _____ AM/PM
3. Have you taken any prescription medications today? _____ Yes _____ No
If yes, Please list in Comments below.
4. Have you taken any n on-prescription medications, Vitamins, or herbal supplements today? _____ Yes _____ No
If yes, Please list is Comments below.
5. Have you had any alcoholic beverages today? _____ Yes _____ No
6. Have you felt ill today or do you feel ill now? _____ Yes _____ No
7. Did anything out of the ordinary happen today? _____ Yes _____ No
8. Did you feel sleepy today? _____ Yes _____ No
9. Did you have a physically strenuous day? _____ Yes _____ No
10. When did you eat your last meal? _____ AM/PM
11. How tired do you feel right now?
Not Tired 0 1 2 3 4 5 Very Tired
12. How alert do you fell right now?
Not alert 0 1 2 3 4 5 Very Alert
13. Are you having any pain right now? _____ Yes _____ No
If yes, please describe _____
Rate your pain: No pain 0 1 2 3 4 5 High Pain

COMMENTS:

Bring appropriate and comfortable sleep attire, a robe and slippers. If you would be more comfortable sleeping on pillows from home, please feel free to bring them with you.

HOW IS THE POLYSOMNOGRAM PERFORMED?

A well trained sleep technician will conduct the evaluation. When you are ready for bed, the technician will apply approximately 11 small, lightweight electrodes with a thick paste to your scalp and skin. Some electrodes will also be placed on your legs to monitor other disturbances. ~~Once you are in bed, an oxygen sensor will be placed on your index finger.~~ Chest and stomach straps will be placed to monitor your efforts to breathe. The wires are integrated into one system making it easy and simple to disconnect for trips to the restroom. Should you need anything, all you have to do is speak and the voice monitor in your room will allow the technician to hear and address your needs.

HOW LONG WILL THE TESTING LAST?

You will be checked in and shown to your room at your scheduled time. The study is completed between 5:00 and 5:30 am the following morning. If a 'nap study' or Multiple Sleep Latency Test (MSLT) is required for narcolepsy, it follows the overnight study and ends around 4:30pm the following day.

HOW LONG IS THE WAIT FOR THE RESULTS

A tremendous volume of sleep information is collected during your sleep study. A lab technician scores the data obtained. Then, your sleep history, physical examination, observation notes from the technician and any other testing you may have had performed will be forwarded to the sleep specialist. Careful interpretation of all results is then undertaken, which leads to a diagnosis- and this information, along with any recommendations for your treatment, will be forwarded to your physician who requested the sleep study. The sleep report is sent to your physician within a few days after your night in the sleep lab. You should have a follow up visit with your referring physician and/or sleep specialist to discuss the results and appropriate treatment options. Should you have any questions prior to or after your study, please do not hesitate to call us.

Motor Vehicle Accidents

Having sleep apnea can make you up to 15 times more likely to be involved in a deadly motor vehicle accident. The daytime sleepiness caused by OSA can make it hard for you to stay awake while driving. Treating sleep apnea with CPAP reduces your risk of being in an accident.

In addition to reducing the health risks related to sleep apnea, CPAP provides other benefits that contribute to your overall health and well-being. It helps you in the following areas:

Alertness

CPAP can reduce the sleepiness and daytime fatigue that are common symptoms of sleep apnea. By preventing pauses in breathing as you sleep, CPAP restores a normal sleep pattern and increases your total sleep time. This helps you to wake up in the morning feeling more refreshed.

Concentration

Using CPAP may enable you to think, concentrate and make decisions better during the day. This can reduce your chance of injury at work and improve your productivity.

Emotional Stability

People who use CPAP often show reduced levels of depression and higher ratings of their quality of life.

Medical Expenses

Sleep apnea causes you to visit the doctor more often and have higher annual medical expenses than a person without OSA. These annual expenses decrease when you use CPAP to treat sleep apnea.

Snoring

By keeping your airway open as you sleep, CPAP can also reduce the sound of snoring. You may not notice this because many people are unaware of their snoring levels but your bed partner will benefit greatly from the quieter sleeping environment.

The key is to continue using CPAP all night, every night and during every nap. You put your health at risk if you only use CPAP part of the time. Partial use also keeps your body from getting fully adjusted to the breathing assistance.

Get the maximum benefit from your CPAP by making a long term commitment to improve your sleep and your health. Talk to your CPAP supplier if you need help with your CPAP treatment. Contact your sleep doctor if you experience any ongoing problems.