

CHRISTIE CLINIC SLEEP CENTER

Confirm Your Appointment

To secure your room, please contact us to confirm your appointment within 4 days of the test. We will ask you a few questions (see next page) to make sure everything is ready for your stay.

Confirm by:

- Phone (217-355-1684) OR
- FAX (217-352-6041)

What should I bring?

- Sleep clothes: 2 piece, loose-fitting. A t-shirt and shorts or sweatpants is fine.
- Your bedtime medications ...unless your doctor asked you not to take them that night.
- Toiletries. We provide towels and washcloths.
- Insurance cards
- Completed Sleep Diary and Sleep Questionnaire

How should I prepare?

- Try to avoid napping, alcohol, and caffeine the afternoon of your test.
- Eat a meal or snack before you come.
- Wash your hair.
- Shave if you normally do.

What if I can't sleep?

Don't worry. Even if you do not feel you slept well, your brainwaves may still show sleep patterns the doctor can read. He would usually be able to tell what is keeping you from reaching deeper sleep.

Will I be able to get up out of bed?

Yes. Your tech will be listening over an intercom. Just call the tech if you need to get up.

Where is the sleep laboratory?

We are not in the same location as other Christie offices. Our address is 1207 S Mattis Avenue, Champaign, IL 61821

Other questions?

You can send a message through the MyCare Portal or call us at 217-355-1684.

CONFIRMATION QUESTIONS Call 217-355-1684 with your answers or FAX them to 217-352-6041.

Name _____

Birthdate _____

Test Date _____

Test Time _____

1. Do you have nasal congestion worse than usual? NO YES *If yes, call 217-355-1684.
2. Have you had a sleep test before? NO YES If yes...
...Where/when? ...Any weight change or surgery since then?
3. Can you think of anything that might prevent the sensors from making direct contact with your scalp or fingernails? (hairpiece, false fingernails...) NO YES
4. Do you have any allergies to tape or adhesives? NO YES
5. Do you have any hearing problems? NO YES
6. Do you wear any equipment or device at night? CPAP oxygen oral device
 Other: _____ If so, what are the current settings?
7. Can you get in and out of bed on your own? NO YES
8. Can you undress and dress yourself? NO YES
9. Do you need assistance walking? NONE cane walker wheelchair scooter
10. Have you fallen in the last 30 days? NO YES
11. Special toilet equipment: None bedside commode urinal elevated toilet seat
12. Anything else you think we should know that might affect testing?

Drowsy driving is very dangerous. Get a driver if you think you might be too sleepy to drive.

You are having this test because your provider has concerns about your health. Sleep disorders don't just affect your quality of your life. They can also raise your risk of major health problems like heart attacks or strokes. So this test is important.

If you need to cancel or reschedule, please let us know as soon as possible. That way, we can give your room to someone else who may need it.

If you think of other questions, check our web site or send a message through the MyCare Portal. Be sure to look for your results on the Portal as well