



**A. Joel Papowitz, MD**  
Diplomat, American  
Board of Sleep Medicine

**Michael Imeybore, MD FCCP**  
Pulmonary Critical Care  
and Sleep Medicine

**Walanne Jenkins**  
Clinical Manager

**West Haven • 203.909.6950**  
687 Campbell Avenue West Haven, CT 06516

**Hamden • 475.202.6512**  
2543 Dixwell Avenue Hamden, CT 06514

**Permission To Photograph And /Or Record Audio And Video**

I, \_\_\_\_\_,  
Patient/Guardian

hereby authorize Sleep Associates of CT (SAC), or their representative, to take photograph(s) and/or record audio and video. I understand that such photograph(s), audio recording(s) and/or video recordings may be used for clinical or educational purposes or in the event of legal action. The sleep center and trustees of SAC and its duly appointed representatives are hereby released without recourse from any liability arising from obtaining and using such photograph(s), audio recording(s) and/or video recordings.

The undersigned also hereby transfers and assigns to the SAC the right to copy the materials in whole or in part. No use of the material for educational purposes will identify me by name.

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

\_\_\_\_\_  
Signature (patient or guardian)

\_\_\_\_\_  
Date

Relationship to Patient if Guardian \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Consent For Polysomnography

### Details

A polysomnogram is an overnight sleep study. It records detailed information that shows how your body acts while you sleep. A technician will attach sensors to your body for the study. The sensors will keep track of these body functions:

- Brain waves
- Heart rate
- Breathing rate
- Oxygen level
- Eye movements

The study also may involve other sensors. The sensors send signals to a computer. The sleep center will use this information to prepare a detailed report about your sleep. The doctor who sent you to the sleep center will receive a copy of this report. He or she will then discuss the results with you.

### Risks

There is no major health risk involved with this sleep study.

### Agreement

My signature below indicates that I understand and agree with the following statements:

1. This sleep study may not detect the cause of my sleep problem.
2. A technician will attach sensors to my body for the study.
3. These sensors may smell bad when they are placed on me.
4. The removal of the sensors in the morning may irritate my skin and cause redness.
5. A video camera will record me as I sleep. A technician will watch me on a monitor in the control room.
6. I will be free to roll over and move in bed during the study.
7. I will need to ask for help if I must get out of bed for any reason.
8. The technician may need to enter the room to wake me if there is a problem.
9. The study may show that I stop breathing many times during the night. If this happens, a technician may enter my room to give me treatment. This treatment is called positive airway pressure, or PAP. To use this treatment, I will wear a mask that covers either my nose or my nose and mouth.
10. I understand why I am taking this sleep study.
11. The sleep center staff explained this sleep study to me. I understand what is going to happen during the study.

---

**Signature (Patient or Guardian)**

---

**Date**

---

**Signature (Witness)**

---

**Date**



A. Joel Papowitz, MD  
Diplomat, American  
Board of Sleep Medicine

Michael Imevbore, MD FCCP  
Pulmonary Critical Care  
and Sleep Medicine

Walanne Jenkins  
Clinical Manager

West Haven • 203.909.6950  
687 Campbell Avenue West Haven, CT 06516

Hamden • 475.202.6512  
2543 Dixwell Avenue Hamden, CT 06514

### BEDTIME QUESTIONNAIRE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

How long did you sleep last night? \_\_\_\_\_ hours

Did you take a nap today? \_\_\_\_\_ At what time? \_\_\_\_\_ For how long? \_\_\_\_\_

Prior to coming to the sleep center, has today been unusual in any way?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any of the following today?

- Alcohol      What time? \_\_\_\_\_ How much? \_\_\_\_\_
- Coffee      What time? \_\_\_\_\_ How much? \_\_\_\_\_
- Tea      What time? \_\_\_\_\_ How much? \_\_\_\_\_

What medications have you taken today?

Medication	Amount	Time Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any physical complaints right now? If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Usual bedtime: \_\_\_\_\_ a.m./p.m.      Usual wake time: \_\_\_\_\_ a.m./p.m.

