

DATE: _____

PATIENT INFORMATION

Name: _____
Surname: _____
ID No: _____
Cell No: _____
Alternative No: _____
Email: _____

Medical Aid Name: _____
Medical Aid No: _____
Medical Aid Plan: _____
Dependent Code: _____
Main Member: _____
Main Mem. D.O.B: _____

CLINICAL HISTORY

- Poor Quality of Sleep
- Excessive Daytime Sleepiness
- Hypertension
- Insulin or Blood Glucose
- Morning Headaches

Epworth Sleepiness Score

Stop Bang Score

SLEEP STUDIES REQUIRED

- Overnight Polysomnogram
- CPAP Titration Study

- Home Based
- In-Hospital

Please check both if patient may be directly referred for a titration if needed.

REQUESTED BY

Name: _____
Qualification: _____
Signature: _____

Doctors
Information

Important Notice:

Ecomed nor any of its staff or agents conduct sleep studies.
Ecomed will refer patients to the appropriate medical professional to conduct
and interpret the sleep studies and provide a report accordingly.