

Our Physicians:

Michael L. Cohen, M.D.
Harry J. MacDannald, M.D.



Our Locations:

(main location)
2121 Ygnacio Valley Rd,
Bldg E, Ste 101
Walnut Creek, CA 94598
(second location)
141 Sand Creek Rd, Ste B
Brentwood, CA 94513

TEL: (925) 935-7667 FAX: (925) 945-7667

Website: www.ccsleepcenter.com

Email: info@ccsleepcenter.com

PATIENT INFORMATION PACKET

Patient Name: _____

Referring Physician: _____

1st Day/Date of Study: _____

Time of Arrival: _____

Location of Study: Walnut Creek ☐ Brentwood ☐

If unable to keep this appointment please notify us AT LEAST 48 hours in advance, otherwise there is \$50 Cancellation fee. If equipment is not returned by the designated date, there will be a late charge of \$50/day.

GENERAL INFORMATION

Prior to your study, please:

1. Do not take any naps during the day of your study.
2. Limit caffeinated beverages within 8 hours of your study.
3. For the Pulse Oximetry to work properly for this study, at least one finger needs to be free of nail polish and/or acrylic nails.
4. Unless otherwise instructed, take your medications as prescribed by your physician.
5. Completely fill out the enclosed questionnaire(s) and give them to your technician upon pickup/dropoff of your equipment.

***Additional information is available through our website: www.ccsleepcenter.com, or our automated information system at (925) 935-7667. Normal business office hours are Monday-Friday from 9am-5pm.**

What you should expect when having your sleep study performed:

During a diagnostic sleep study, many types of data are recorded. When you come in for your first pickup of the equipment, a technician will explain how to use the device and you will then take it home. A small sensor will be applied near your nose and mouth to monitor airflow. Respiratory effort belts will be attached around your chest and abdomen. An Oximeter sensor will be taped onto one of your fingers to measure blood oxygen saturations levels. These monitoring devices are used to ensure an accurate evaluation of your sleep. Your movement will not be restrained; so, for example, if you need to go to the restroom or reach for a glass of water, you will be free to do so. You will wear the device for one night and then return the equipment to the facility.

Once the equipment is returned to the center your data will be compiled and downloaded. Later, a Sleep Technologist will review (hand-score) your study, page-by-page, and then send the results to an interpreting physician. The final report will be provided to your physician. **Results are generally ready 5-10 business days after your study is completed. You will want to make sure you set up a follow up appointment with your physician to go over your results.**

DIRECTIONS TO BOTH OUR WALNUT CREEK & BRENTWOOD LOCATIONS ARE INCLUDED ON THIS PAGE

DIRECTIONS TO OUR NEW WALNUT CREEK LOCATION

2121 Ygnacio Valley Rd, Bldg E, Ste 101, WALNUT CREEK, CA 94598

We are located in Doctors Park on the corner of Walnut Ave and Ygnacio Valley Rd in Walnut Creek in Building E, Suite 101.

Driving South on 680

Take the North Main Street off-ramp and proceed South to Ygnacio Valley Rd. Make Left onto Ygnacio Valley Rd and proceed to **2121 Ygnacio Valley Rd which is located in Doctors Park on the corner of Walnut Ave and Ygnacio Valley Rd**. You can either make a right onto Walnut Ave and take a left in the first driveway on your left hand side. Or, go through the intersection at Walnut Ave and make a right into the driveway with a white fire hydrant off of Ygnacio Valley Rd. **We are located in Building E and Suite 101.**

Driving North on 680

Take Ygnacio Valley Rd off-ramp. Make right onto Ygnacio Valley Rd. Proceed to **2121 Ygnacio Valley Rd which is located in Doctors Park on the corner of Walnut Ave and Ygnacio Valley Rd**. You can either make a right onto Walnut Ave and take a left in the first driveway on your left hand side. Or, go through the intersection at Walnut Ave and make a right into the driveway with a white fire hydrant off of Ygnacio Valley Rd. **We are located in Building E and Suite 101.**

Driving East on HWY 24

Take Ygnacio Valley Rd off-ramp and make a Right onto Ygnacio Valley Rd. On Ygnacio Valley Rd proceed to **2121 Ygnacio Valley Rd which is located in Doctors Park on the corner of Walnut Ave and Ygnacio Valley Rd**. You can either make a right onto Walnut Ave and take a left in the first driveway on your left hand side. Or, go through the intersection at Walnut Ave and make a right into the driveway with a white fire hydrant off of Ygnacio Valley Rd. **We are located in Building E and Suite 101.**

DIRECTIONS TO OUR BRENTWOOD LOCATION

141 Sand Creek Rd, Ste B, BRENTWOOD, CA 94513

We are located Sand Creek Rd near Brentwood Blvd. Our suite is located in between businesses, “Summit Funding” and “Sunny Dental” in the Sand Creek Business Center. **There will be a red sign that reads “SLEEP” in the window in the front of the building.**

From Pittsburg Area towards Stockton

Take Highway 4 East towards Stockton. Continue on HWY 4 Bypass Labeled “Bypass Brentwood” (Left lanes of freeway). Continue on Highway 4 Bypass. Make a left onto Sand Creek Rd. Make a left into the Sand Creek Business Center (just before you reach Brentwood Blvd). Our suite is located in Building 141, Unit B, between “Summit Funding” and “Sunny Dental”. **There will be a red sign that reads “SLEEP” in the window in the front of the building.**

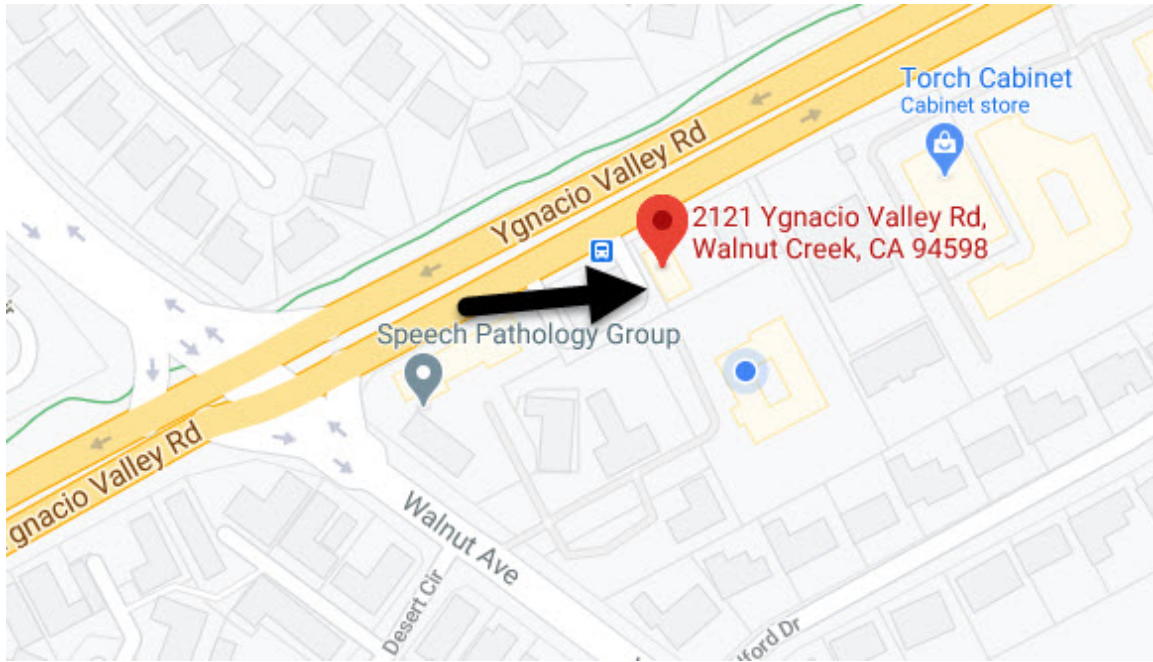
From Stockton Area Towards Pittsburg

Take Highway 4 West towards Pittsburg. Turn right onto Sand Creek Rd. Turn Left into the Sand Creek Business Center (just before you reach Brentwood Blvd). Our suite is located in Building 141, Unit B, between “Summit Funding” and “Sunny Dental”. **There will be a red sign that reads “SLEEP” in the window in the front of the building.**

IF YOU HAVE ANY TROUBLE FINDING EITHER LOCATION, PLEASE CALL (925) 935-7667.

MAP OF CONTRA SLEEP CENTER AT WALNUT CREEK

2121 Ygnacio Valley Rd, Bldg E, Ste 101, Walnut Creek CA 94598

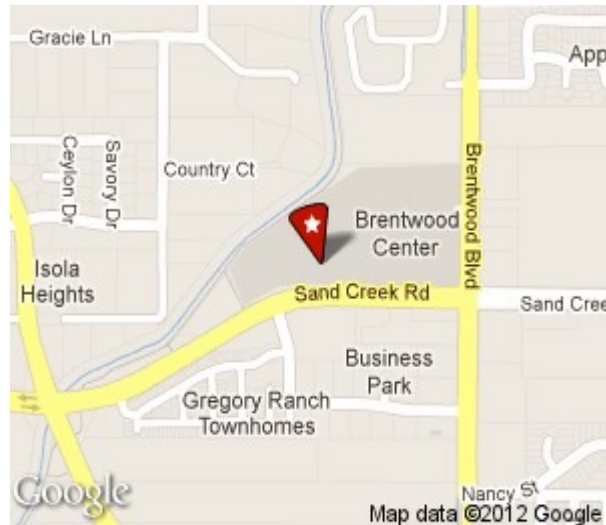


Street view of Doctors Park 2121 Ygnacio Valley Rd, Walnut Creek CA



Map of Contra Costa Sleep Center at Brentwood

141 Sand Creek Rd, Ste B, Brentwood CA 94513



Street View of 141 Sand Creek Rd, Brentwood CA



WHAT IS SLEEP APNEA?

Sleep Apnea is a disorder that causes people to frequently stop breathing while sleeping. People who suffer from sleep apnea stop breathing many times during their sleep. As a result, they fail to get oxygen their body needs and a restful night's sleep.

IS SLEEP APNEA A SERIOUS DISORDER?

Yes. If left untreated, sleep apnea increases your risk for heart problems and stroke. It can also lead to:

- ☐ Excessive daytime sleepiness
- ☐ Decreased performance at work
- ☐ Increased possibility of accidents while driving or operating heavy equipment
- ☐ Lack of concentration
- ☐ Impaired sexual function
- ☐ Memory loss

WHAT CAUSES SLEEP APNEA?

Obstructive Sleep Apnea (OSA) is the most common form of the disorder. It is caused by structures in the throat blocking the flow of air in and out of the lungs during sleep.

Central Sleep Apnea (CSA) results from the brain not signaling you to breathe during sleep. In a sense, the brain "forgets" to breathe during sleep.

Mixed Sleep Apnea (MSA) is a combination of both OSA and CSA.

Many people who have sleep apnea don't even know they have it. Often a family member or bed partner will notice the signs of sleep apnea before you do.

WHAT ARE THE SYMPTOMS OF SLEEP APNEA?

- ☐ Restless Sleep
- ☐ Morning Headaches
- ☐ Loss of Energy
- ☐ Irritability, short temper
- ☐ Anxiety or depression
- ☐ Falling asleep during the day at work, while watching TV, listening to lectures, reading
- ☐ Loud snoring interrupted by silence and then gasps
- ☐ Forgetfulness
- ☐ Falling asleep while driving
- ☐ Difficulty concentrating
- ☐ Mood or behavior changes
- ☐ Decreased interest in sex

A SLEEP STUDY CAN TELL YOU WHETHER YOU HAVE SLEEP APNEA.

Talk to your doctor. If he or she suspects you have sleep apnea, you will be asked to have a sleep test to confirm this diagnosis. During a sleep test, you will be observed as you sleep. Specially trained technologists will record many kinds of data about your sleep and breathing problems. As a result of testing, you will find out whether or not you have sleep apnea. Testing can also tell what type of sleep apnea you have, and what kind of treatment will help you most.

WHAT CAN BE DONE ABOUT SLEEP APNEA?

Sleep apnea is a correctable health problem. Not long ago, surgery was thought to be the best way to treat sleep apnea. In some cases surgery may still be necessary, but most patients can be treated successfully through other means of therapy.

One therapy relies on Continuous Positive Airway Pressure (CPAP)- which is the most prescribed treatment for sleep apnea. CPAP is delivered through a small amount of pressure, applied through a mask over the nose. This pressure prevents structures in your throat from blocking the air movement in and out of the lungs while you sleep. You will experience almost immediate relief from your symptoms by using CPAP therapy.

Discuss treatment options with your physician. With proper treatment, sleep apnea sufferers can lead normal lives.

YOUR PHYSICIAN MAY ALSO SUGGEST THAT YOU:

- ☐ Lose weight
- ☐ Avoid alcohol, especially close to bedtime
- ☐ Take medications with caution, especially sleeping pills; some can depress breathing and can make sleep apnea worse.

CONTRA COSTA SLEEP CENTER (CCSC)
2121 Ygnacio Valley Rd, Bldg E, Ste 101, Walnut Creek, CA 94598
141 Sand Creek Rd, Ste B, Brentwood, CA 94513
Phone (925) 935-7667 Fax: (925) 945-7667
www.ccsleepcenter.com

Patient Name: _____
(please print clearly)

PATIENT AUTHORIZATION FOR SERVICES PROVIDED & PAYMENT AGREEMENT

I hereby authorize Contra Costa Sleep Center to release any and all of my medical records to my referring physician, as well as any other physicians involved in my care.

Please list if there are any physicians that you DO NOT wish us to release your medical records to:

Insurance Coverage:

Most insurance companies and other third-party payers of healthcare benefits will pay in whole or in part for the services and products ordered by your physician and provided by CCSC.

CCSC will contact your insurer to verify your coverage and obtain authorization to provide services to you and bill your insurance payer in the amounts they approve for payment. We will provide you with our findings upon your inquiry; however, CCSC is not responsible for the completeness and accuracy of your payer's information. We therefore strongly recommend that you also contact your insurer so that you have a complete understanding of the benefits your plan affords you.

Please further understand that the authorization we obtain is only valid through its date of expiration and provided that nothing in your benefits has changed, such as your policy being canceled or expired, pre-existing condition determination, or change in employer or primary care physician.

Patient Payment:

CCSC will bill your health benefits payer as a courtesy. Payment for services, equipment, products or supplies provided to you are your sole and exclusive responsibility. This amount may include any and all amounts denied or not reimbursed by your insurer, a co-pay or deductible as required by your benefits provider. Payment is due in full, paid to CCSC, no later than 30 days from the date on the CCSC statement sent to you.

Additionally, should your insurer pay you directly for the services provided by CCSC, you agree to reimburse CCSC in the same amount within 15 days from the date on the payment check, as well as any personally owed amounts in 30 days as noted above.

By signing below, I agree that I have read and understand the above, and also agree to personally pay directly to CCSC any and all amounts not paid for any reason by my insurer within 30 days of the date on the CCSC statement. I also authorize CCSC to release any information necessary to my health benefits payer to process my insurance claim(s).

Responsible Party (if other than patient): _____

Relationship to Patient: _____

Patient Signature: _____ **Date:** _____

Contra Costa Sleep Center
PATIENT RIGHTS AND RESPONSIBILITIES

All patients shall have rights, which include, but are not limited to the following:

- ☐ To be given a statement of services available by the agency and related charges.
- ☐ To have access to the services, regardless of race, religion, sex or source of payment.
- ☐ To have the right to request and receive an itemized and detailed explanation of the total bill for services rendered and products supplied.
- ☐ To have access to the physician directing his/her care and information regarding his/her diagnosis, treatment or prognosis.
- ☐ To be communicated to in a way that he/she can reasonable expect to understand.
- ☐ To be informed about the nature of any technical procedure that will be performed, as well as who will perform the procedure.
- ☐ To have the right to refuse treatment (as permitted by law) and be informed of the medical consequences of such refusal.
- ☐ To seek assistance in finding and transferring the provision of services to another agency.
- ☐ To receive care in a timely manner, appropriate to his/her needs.
- ☐ To be treated with consideration, respect and full recognition of his/her dignity, individuality, and privacy. To be assured of confidentiality in treatment and records of such and be allowed to approve or refuse their release to any outside agencies.
- ☐ To have competent and qualified personnel carry out the services for which they are responsible.
- ☐ To be provided access to the State Health Department for problems about services.
- ☐ To voice grievances and recommend changes in policies and services. The patient will be informed of Contra Costa Sleep Centers' mechanism of receiving and resolving patient complaints.
- ☐ To be allowed to have patients' family or guardian exercise the patients' rights when the patient has been judged incompetent.

All patients shall have responsibilities, which include, but are not limited to the following:

- ☐ To provide, to the best of his/her knowledge accurate and complete information about present medications and/or other matters relating to his/her healthcare.
- ☐ To report unexpected changes in his/her condition to those clinicians responsible for the management of his/her care.
- ☐ To make it known whether he/she clearly understands a contemplated course of action and what is expected of him/her.
- ☐ To follow the treatment plan recommended for his/her care by the primary care physician and other allied health professionals, including nurses, pharmacists, and dieticians.
- ☐ To keep appointments and, when unable to so for any reason, to notify Contra Costa Sleep Center **NO LATER THAN 48 HOURS** prior to the scheduled appointment; **otherwise there will be \$50 Cancellation fee. Late Equipment Charge = \$50/day.**
- ☐ To assume responsibility for his/her actions if he/she refuses treatment or does not follow the instructions as set forth by his/her primary care physician and the professional staff of Contra Costa Sleep Center.
- ☐ To assure that the financial obligations of his/her health care are fulfilled as promptly as possible.
- ☐ To be considerate of the rights of Contra Costa Sleep Center personnel and representatives.
- ☐ To be respectful of the property of Contra Costa Sleep Center and its personnel.

Signature: _____ Date: _____

Print Name: _____

CONTRA COSTA SLEEP CENTER GENERAL HEALTH QUESTIONNAIRE

Patient Name: _____ **Date:** _____
(please print clearly)

Date of Birth: _____

**Please answer the following questions regarding your general health.
Please *circle* the appropriate answer.**

Do you have high blood pressure?	Yes	No
Have you experienced a heart attack?	Yes	No
Do you have a history of irregular heartbeats?	Yes	No
Have you experienced chest pain?	Yes	No
Have you had prior heart surgery?	Yes	No
Do you have a pacemaker?	Yes	No

Do you have a history of the following disorders?

Asthma	Yes	No
Bronchitis	Yes	No
Chronic Obstructive Pulmonary Disease (COPD)	Yes	No
Emphysema	Yes	No
Tuberculosis Exposure	Yes	No
Diabetes	Yes	No
Stroke	Yes	No
Congestive Heart Failure	Yes	No
Hepatitis (List type: _____)	Yes	No

Please list any other medical history/conditions below:

Are you having this sleep study post surgery? Yes No

If yes, when did you have surgery _____

What type of surgery _____

Patient Signature: _____ **Date:** _____

Contra Costa Sleep Center Medications QUESTIONNAIRE-continued
--

PATIENT NAME: _____ DATE: _____

Please list all prescribed medications that you take on a daily basis:

[illegible]

CONTRA COSTA SLEEP CENTER**INSTRUCTIONS**

1. Please print clearly and complete all information
2. Please furnish a copy of your insurance card (front & back)

PATIENT TO COMPLETE

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS (NUMBER, STREET)	CITY	STATE ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	DATE OF BIRTH(MM/DD/YY)
SEX: MALE FEMALE	SOCIAL SECURITY NUMBER	MARITAL STATUS M S W D DP
EMPLOYER	OCCUPATION	
EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER	
EMAIL ADDRESS		

EMERGENCY/REFERRAL INFORMATION

PRIMARY CARE PHYSICIAN	PCP PHONE NUMBER	PCP ADDRESS
REFERRING PHYSICIAN (IF DIFF THAN PCP)	REFERRING PHYSICIAN PHONE #	REFERRING PHYSICIAN ADDRESS
FAMILY MEMBER OR FRIEND	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
RELATIONSHIP TO PATIENT	ADDRESS	

ELIGIBILITY GUARANTEE SECTION

PRIMARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER
PRIMARY INSURANCE PHONE #	PRIMARY INSURANCE ADDRESS	
SUBSCRIBER (IF OTHER THAN PATIENT)	RELATIONSHIP TO PATIENT	
SUBSCRIBER DATE OF BIRTH	SUBSCRIBER SOCIAL SECURITY NUMBER	
SECONDARY INSURANCE NAME	POLICY NUMBER	GROUP NUMBER
SECONDARY INSURANCE PHONE #	SECONDARY INSURANCE ADDRESS	
SUBSCRIBER (IF OTHER THAN PATIENT)	RELATIONSHIP TO PATIENT	
SUBSCRIBER DATE OF BIRTH	SUBSCRIBER SOCIAL SECURITY NUMBER	

I hereby authorize Contra Costa Sleep Center to contact my insurance company to verify my insurance coverage. I understand that if I am not eligible, I am liable for all charges rendered. I agree that if this information is not true, I (or the above person named financially responsible for me) will pay in full all such charges. I also authorize Contra Costa Sleep Center to release any medical information necessary to process my insurance claim. I hereby authorize payment of medical benefits directly to: CONTRA COSTA SLEEP CENTER.

1455 Montego, Ste 102 Walnut Creek, CA 94598 Phone (925) 935-7667 Fax (925) 945-7667

SIGNATURE OF PATIENT

SIGNATURE OF INSURED

DATE SIGNED

CONTRA COSTA SLEEP CENTER**QUESTIONNAIRE FORM**

Patient's Name _____ Date: _____
M or F _____ Weight _____ Height _____ Phone # _____
D.O.B. _____ Age _____ Physician _____

*****Please answer the following questions regarding your normal sleep patterns*****

(Please Circle)

Do you snore at night? Yes No
If yes, how would you rate severity? Mild Moderate Severe

Do you have difficulty falling asleep at the beginning of the night? Yes No

Do you have difficulty staying asleep throughout the night? Yes No
If yes, how many times do you wake up during the night? _____
How long does it take you to fall back to sleep? _____

Have you been told that you have pauses in your breathing while asleep? Yes No

Do you experience excessive daytime tiredness? Yes No

Do you experience a restless sensation in your legs while lying in bed? Yes No
If yes, how frequently: Occasionally _____ About 50% of the time _____ Almost every night _____

Have you been told that you make kicking and twitching movements while asleep? Yes No

Do you occasionally awaken feeling paralyzed? Yes No

Do you feel sudden loss of strength in your legs or arms during the day? Yes No
If yes, are these brought on by a sudden frightening event or laughter? _____

*****Circle the statement(s) that apply to you*****

Do you frequently wake up with: a dry mouth headaches excessive sweating choking and/or gasping
nasal congestion chest pain heart burn

How likely are you to fall asleep during the day in the following situations, in contrast to just feeling tired?
0 = would never doze / 1 = slight chance / 2 = moderate chance / 3 = high chance

Situation

Sitting and reading
Watching TV
Sitting inactive in a public place (i.e. movie theater)
As a passenger in a car for an hour without a break
Lying down to rest during the day when circumstances permit
Sitting and talking to someone
While in a car that is stopped

Chance of falling asleep

0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3

(0 = No Chance; 3 = High Chance)

Patient Signature _____ Date _____