



SLEEP THERAPY SOLUTIONS

70 West Streetsboro Street, Suite 104
Hudson, Ohio 44236

Phone: (330) 655-0630 / (866) 858-9480 Fax: (330) 655-0632

Confidential Health Information

Date: _____

Name: _____ **Home phone:** _____

Cell phone: _____

Physical Address:

Billing/Mailing Address:

Social Security Number: _____ **Date of Birth:** _____

Emergency contact name: _____

Relationship: _____ **Phone Number:** _____

Primary Ins. Company: _____ **ID#** _____

Secondary Ins. Company: _____ **ID #** _____

Primary Doctor: _____ **Referring Doctor:** _____

History of Sleep Apnea? ___ yes ___ no

History of COPD? ___ yes ___ no

Have you used a PAP device in the past?: ___ Yes ___ No

If so, when _____

Allergies: _____