



PATIENT NAME: _____ DATE OF BIRTH: ____/____/____ AGE: _____

SLEEP HISTORY

HAVE YOU EVER HAD A SLEEP STUDY? _____ IF YES, WHERE? _____

HAVE YOU RECEIVED ANY TREATMENT FOR A SLEEP DISORDER? _____ IF YES, PLEASE EXPLAIN: _____

WHAT ARE YOUR CHIEF COMPLAINTS? CHECK ALL THAT APPLY:

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|--|--|
| MORNING HEADACHES _____ | DRY MOUTH WHEN WAKING _____ |
| DIFFICULTY STAYING ASLEEP _____ | KICKING AND JERKING WHILE SLEEPING _____ |
| SIGNIFICANT DAYTIME DROWSINESS _____ | DIFFICULTY FALLING ASLEEP _____ |
| STOP BREATHING WHILE ASLEEP _____ | FATIGUE _____ |
| LOUD SNORING _____ | LEG DISCOMFORT/ URGE TO MOVE LEGS IN THE EVENING _____ |
| CPAP INTOLERANCE _____ | GASPING OR CHOKING DURING SLEEP _____ |
| FEELING UNREFRESHED IN THE MORNING _____ | DIFFICULTY CONCENTRATING _____ |
| WEIGHT CHANGE _____ | VIVID DREAMS _____ |

AVERAGE HOURS OF SLEEP PER NIGHT? _____

IN WHAT POSITION DO YOU SLEEP? SIDE _____ BACK _____ STOMACH _____ VARIES _____

SOCIAL HISTORY

DO YOU USE TOBACCO PRODUCTS? YES _____ NO _____ FREQUENCY/AMOUNT: _____

DID YOU CONSUME ALCOHOL? YES _____ NO _____ FREQUENCY/AMOUNT: _____

DO YOU CONSUME CAFFEINE? YES _____ NO _____ FREQUENCY/AMOUNT: _____

DO YOU EXERCISE? YES _____ NO _____

DO YOU HAVE A REGULAR WORK SCHEDULE? YES _____ NO _____ OCCUPATION: _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH A SLEEP DISORDER? YES _____ NO _____

MEDICAL HISTORY: PLEASE CIRCLE ALL THAT APPLY

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|--------------------------|--------------------------|------------------------|
| ANEMIA | DEPRESSION | HYPERTENSION |
| ARTHRITIS | DIABETES | KIDNEY/BLADDER DISEASE |
| ASTHMA | EPILEPSY | LEUKEMIA |
| BRONCHITIS | FAINING SPELLS/DIZZINESS | MIGRAINE HEADACHES |
| CANCER | FIBROMYALGIA | MULTIPLE SCLEROSIS |
| CONGESTIVE HEART FAILURE | HAY FEVER | PACEMAKER |
| CORONARY ARTERY DISEASE | HEART ATTACK | REFLUX |
| CHRONIC FATIGUE | HEPATITIS | STROKE |

OTHER:

PLEASE LIST ALL MEDICATIONS AND ANY MATERIALS THAT HAVE CAUSED AN ALLERGIC REACTION:

CURRENT MEDICATIONS

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>REASON FOR TAKING</u>
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SIGNATURE _____ DATE ____/____/____