

Patient Name \_\_\_\_\_

# SLEEP DISORDER

Patient Email \_\_\_\_\_

Height \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_

- Over 18 million Americans suffer from sleep apnea
- People with sleep apnea are 3 times more likely to be involved in motor vehicle accidents
- 90% of sleep apnea patients have not been diagnosed

Do you snore? .....  Yes  No

Do you have high blood pressure? .....  Yes  No

Have you gained weight and find it difficult to lose? .....  Yes  No

Do you have unexplained awakenings from sleep? .....  Yes  No

Do you awaken from sleep gasping or choking? .....  Yes  No

Do you often lay in bed unable to fall asleep? ....  Yes  No

Do you notice frequent twitching or jerking of legs while asleep? .....  Yes  No

Do you feel sleep is not refreshing or restful? ....  Yes  No

Do you have a headache upon waking in the morning? .....  Yes  No

Do you wake up during the night and are unable to fall back asleep? .....  Yes  No

Do you feel fatigued or find it difficult to stay awake during the day? .....  Yes  No

**\*\*\*If you have answered YES to any one of the above questions please consult with your doctor\*\*\***

### Prior Diagnosis:

Have you been previously diagnosed with sleep apnea? .....  Yes  No

If yes, when were you diagnosed approximately? \_\_\_\_\_

Were you put on CPAP therapy for treatment? ...  Yes  No

Are you still using your CPAP every night? .....  Yes  No

### Insurance:

Do you have medical insurance? .....  Yes  No

If yes, what type? .....  HMO  PPO  Other

Other: \_\_\_\_\_

## Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation.

Please answer with a 0 to 3

**0= Never doze off, 1= Slight chance of dozing, 2= Moderate chance of dozing, 3= High chance of dozing**

Sitting and reading .....  0  1  2  3

Watching T.V. ....  0  1  2  3

Sitting inactive in a public place .....  0  1  2  3

As a passenger in a car for an hour without a break .....  0  1  2  3

Laying down to rest in the afternoon .  0  1  2  3

Sitting and talking with someone ....  0  1  2  3

Sitting quietly after lunch without alcohol .....  0  1  2  3

In a car, while stopped for a few minutes in traffic .....  0  1  2  3

Doctor \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_