

SLEEP CLINIC NEW PATIENT NOTES

Temp:BP:HR:RR:0_2_SatonRAoxygenIpm Weight:Ibs			DR. RICH TYS	SON	DR. JC	PDAN	I PHILLIPS		
Weight: lbs Height: inches BMI: Neck circumference: inches Thank you for visiting the clinic today. Please answer the questions below. Thank you. What time do you usually get into bed?	Name:							_ Date:	
Thank you for visiting the clinic today. Please answer the questions below. Thank you. What time do you usually get into bed? How long does it typically take you to fall asleep? How many times do you typically wake up between bedtime and getting out of bed in the morning? What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? Y N If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV 0 1 2 3 Watching TV Sitting inactive in a public place 0 1 2 3 Being a passenger in a motor vehicle for an hour or more 0 1 2 3 Being a passenger in a motor vehicle for an hour or more 0 1 2 3 Sitting and talking to someone	Age:	DOB:	Gender: [M F Re	eferring Provi	ider:			
How long does it typically take you to fall asleep? How many times do you typically wake up between bedtime and getting out of bed in the morning? What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? \(\text{Y} \) \(\text{N} \) If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading \[\text{O} \] \(\text{D} \] \(\text{D} \) \(Temp:	BP:	HR:	RR: _	0	Sat	on 🗌 RA	oxygen	lpm
What time do you usually get into bed? How long does it typically take you to fall asleep? How many times do you typically wake up between bedtime and getting out of bed in the morning? What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? Y N If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV O	Weight:	lbs H	eight: iı	nches BMI	·	Neck (circumferen	ce:	inches
How long does it typically take you to fall asleep? How many times do you typically wake up between bedtime and getting out of bed in the morning? What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? \(\text{Y} \) \(\text{N} \) If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading \[\text{O} \] \(\text{D} \] \(\text{D} \) \(Thank you for	visiting the o	clinic today. Pleas	e answer the	questions be	elow. Th	nank you.		
How long does it typically take you to fall asleep? How many times do you typically wake up between bedtime and getting out of bed in the morning? What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? \(\text{Y} \) \(\text{N} \) If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading \[\text{O} \] \(\text{D} \] \(\text{D} \) \(What time do you	u usually get i	nto bed?		 				
What time do you typically get out of bed? Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? \(\text{Y} \) \(\text{N} \) If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading \[\text{0} \) \(\text{1} \) \(\text{2} \) \(\text{3} \) \(\text{Stetping} \) \(\text{3} \) \(\text{2} \) \(\text{3} \) \(\text{Stiting inactive in a public place} \) Being a passenger in a motor vehicle for an hour or more \[\text{0} \) \(\text{1} \) \(\text{2} \) \(\text{3} \) \(\	How long does it	typically take	you to fall asleep?						
Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? Y N If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV DO 1 1 2 3 Sitting inactive in a public place Being a passenger in a motor vehicle for an hour or more DO 1 1 2 3 Lying down in the afternoon DO 1 1 2 3 Sitting and talking to someone	How many times	do you typica	ally wake up betweer	n bedtime and	getting out of b	ed in th	e morning? _		
Do you usually feel rested when you wake up in the morning? Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? Y N If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV DO 1 1 2 3 Sitting inactive in a public place Being a passenger in a motor vehicle for an hour or more DO 1 1 2 3 Lying down in the afternoon DO 1 1 2 3 Sitting and talking to someone	What time do you	u typically get	out of bed?						
Do you experience morning headaches? Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? Y N If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV DO	Do you usually fe	eel rested whe	en you wake up in th	e morning?					
Do you have trouble staying awake during the day (excessive daytime sleepiness)? Have you had a sleep study in the past? \[Y \] \[N \] If Yes, please advise of the location and date: EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV O									
Have you had a sleep study in the past? \[Y \] N \[If Yes, please advise of the location and date: \] EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. SITUATION CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV 0									
EPWORTH SLEEPINESS SCALE: How likely is it that you would doze off or sleep in the following situations? 0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. CHANCE OF DOZING OR SLEEPING Sitting and reading Watching TV O	-								
0 = would never doze or sleep. 1 = slight chance of dozing or sleeping. 2 = moderate chance of dozing or sleeping. 3 = high chance of dozing or sleeping. CHANCE OF DOZING OR SLEEPING Sitting and reading 0 1 2 3 Watching TV 0 1 2 3 Sitting inactive in a public place 0 1 2 3 Being a passenger in a motor vehicle for an hour or more 0 1 2 3 Lying down in the afternoon 0 1 2 3 Sitting and talking to someone 0 1 2 3	-								
3 = high chance of dozing or sleeping. SITUATION Sitting and reading Watching TV Sitting inactive in a public place Being a passenger in a motor vehicle for an hour or more Lying down in the afternoon Sitting and talking to someone CHANCE OF DOZING OR SLEEPING 0 1 2 3 3 4 5 6 7 8 CHANCE OF DOZING OR SLEEPING 0 1 2 3 5 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9									
Sitting and reading Watching TV Do 1 2 3 Watching TV Sitting inactive in a public place Do 1 2 3 Being a passenger in a motor vehicle for an hour or more Lying down in the afternoon Sitting and talking to someone Do 1 2 3				_					
Sitting and reading Watching TV Do 1 2 3 Watching TV Sitting inactive in a public place Do 1 2 3 Being a passenger in a motor vehicle for an hour or more Lying down in the afternoon Sitting and talking to someone Do 1 2 3	SITUATION				CHANCE	OE DO	TING OP SI	EEDING	
Watching TV		na						LEPING	
Sitting inactive in a public place Being a passenger in a motor vehicle for an hour or more Lying down in the afternoon Sitting and talking to someone 0	•	3							
Lying down in the afternoon	•	a public plac	е						
Sitting and talking to someone	Being a passeng	er in a motor	vehicle for an hour o	or more	□ 0]1 [2 3		
	Lying down in the	e afternoon			□ 0				
	•	-							
		•	•				2 3		
Stopped for a few minutes in traffic while driving 0 1 2 3	• •		•		∐ 0	1 L	23		
Total score (add up the scores). This is your Epworth score:	lotal score (add	up the scor	es). This is your Ep	oworth score:					
Do you snore loudly? \square Y \square N	Do you snore lou	ıdly? 🗌 Y 🗌	N						
Have you been told that you "stop breathing" and make loud snoring, gasping, or choking sounds? \square Y \square N	•	•					-		
Do you nap? \square Y \square N If yes, for how long, how often, at approximately what time?							ely what time	·	?
What is your employment?									
Do you work shifts? Y N If yes, please describe: Output Description:									
Do you smoke? Y N If yes, how many packs/day, for how many years?								?	
Do you drink caffeinated beverages? Y N If yes, how many per day?									
Do you drink alcohol? Y N If yes, how many drinks per day? Do you use any prescription or over the counter sleep medicines?									
For MD use: Reviewed with patient (initial)				•					
Tot ind door herrorion was passent (initial)		Tiomod Tital p							
PHYSICIAN NOTES				PHYSICIA	N NOTES				