

SLEEP CLINIC FOLLOW-UP - DR. RICHARD TYSON

Patient Name:	
Thank you for visiting the clinic today. Please answer the quest	ions below. Thank you.
Who referred you to see Dr.Tyson?	
Who is your primary care provider?	
What time do you usually get into bed?	
How long does it usually 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 usually get out of bed?	
Do you usually feel rested when you wake up in the morning?	
Do you experience morning headaches?	
EPWORTH SLEEPINESS SCALE : How likely is it that you would doze off or sleep in the following situations? 0 = never 1 = slight chance. 2 = moderate chance 3 = high chance	
SITUATION	CHANCE OF DOZING OR SLEEPING
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	
Sitting quietly after lunch (no alcohol)	
Stopped for a few minutes in traffic while driving	0 1 2 3
Total score (add up the scores). This is your Epworth score:	
Do you nap? ☐ Y ☐ N	
Do you work shifts? \square Y \square N If yes, please describe:	
Do you smoke? \square Y \square N If yes, how many packs/day, for how many years?	
Do you drink caffeinated beverages? \square Y \square N If yes, how many per day?	
Do you drink alcohol? \square Y \square N If yes, how many drinks/day? $_$	
Do you take any prescription or over the counter sleep medicines? _	
DR. TYSON'S NOTES:	
DME: Aerocare Medical Necessities Apria Other:	AHI: DL:
PAP helping?	
Changes to PMHx/SocHx/FmHx since last visit:	
Assessment:	
Plan:	Schedule: HSAT PSG Split MSLT
Driving Precautions:	Sleep Hygiene:
SCT:	