ARCH HEALTH Medical Group

Date:_____

NEW PATIENT SLEEP MEDICINE CONSULT

Patient Name:_____DOB:_____

PCP Name:_____

PCP Phone Number:_____PCP Fax Number:_____

Refering_Physician:_____

What is your primary sleep problem?_____

Average time asleep nightly (hrs):_____Average Number of nighttime awakenings:_____

Current Medications (please include dose and frequency):

Drug Allergies:_____

If you have Sleep Apnea:

When were you initially diagnosed? Was your test completed at home or in a facility?
Any other sleep studies completed?

_____

_____

Current form of treatment (CPAP/other device) and Current Pressure Settings (if known):

_____

Type of Mask and supplies details (nasal pillows, nasal mask, full mask):

Current DME company for mask Supplies _____

MEDICAL HISTORY (Please list year diagnosed)

☐ No Pertinent Medical History		**PSYCHIATRIC HISTORY** Please list year diagnosed
☐ Obstructive Sleep Apnea	☐ Heart Disease/Heart Attack	☐ Depressive disorder
☐ Central Sleep Apnea/Mixed	☐ Thyroid Disease	☐ Anxiety disorder
☐ Insomnia	☐ High cholesterol	☐ Bipolar disorder
☐ Narcolepsy	☐ Kidney disease	☐ Schizophrenia
☐ Restless Leg Syndrome	☐ COPD	☐ Attention deficit-hyperactivity disorder
☐ Childhood Sleep Terrors or Sleep Walking	☐ Asthma	☐ Inpatient hospitalization
☐ Chronic pain disorder	☐ Anemia	☐ Alcohol/drug dependence (current)
☐ Chronic Fatigue Syndrome	☐ Fibromyalgia	☐ Alcohol/drug dependence (past)
☐ Chronic Back Pain	☐ Seizure Disorder	☐ Other Pertinent Medical History (Please List)
☐ Osteoarthritis	☐ Parkinson's Disease	
☐ Chronic Joint Pain	☐ Migraine headache	
☐ Hypertension/Blood Pressure	☐ Alzheimer's Disease/Other Dementia	
☐ Atrial fibrillation	☐ Stroke/TIA	
☐ Other cardiac arrhythmias	**MALES**	
☐ Congestive Heart Failure	☐ BPH/Large prostate	
☐ GERD/Heartburn	☐ Erectile Dysfunction /Impotence	
☐ Diabetes Mellitus	**FEMALES**	
☐ Allergic rhinitis (nasal allergies)	☐ Menopause	
☐ Seasonal/Environmental Allergies	☐ Urinary Incontinence	

SURGICAL HISTORY (Please list year of Surgery)

☐ No prior surgeries	☐ Orthodontia/Braces	☐ Pacemaker/AICD implantation
☐ Bariatric Surgery	☐ Sinus surgery	☐ Neck Surgery
☐ ENT Surgeries	☐ Surgery for sleep apnea/UPPP	☐ Back Surgery
☐ Tonsillectomy	☐ Coronary artery bypass	☐ Other Pertinent Surgery
☐ Deviated nasal septum surgery	☐ Cardiac angioplasty/stents	

FAMILY HISTORY Any Family members diagnosed with Sleep Disorder?

FAMILY MEMBER	Sleep Apnea	Narcolepsy	Insomnia	Restless leg Syndrome	Depression	Anxiety	Other Pertinent sleep disorders Please list
Father							
Mother							
Sister							
Brother							
Grandparents							
Children							