SLEEP RELATED COMPLAINTS:

- Snoring
- Witnessed Apnea
- Excessive Sleepiness
- Frequent Nocturnal Arousals
- Difficultly Initiating and Maintaining Sleep
- Daytime Fatigue
- Irritability
- Morning Headaches
- Restless leg sensations or kicking
- Seizures
- Abnormal behavior during sleep
- Other

SPECIAL NEEDS:

- Assistance in/out of bed
- Oxygen _________ LPM
- Incontinence
- Dementia
- Needs interpreter
- Aide required at home

PATIENT HISTORY: PLEASE ATTACH A COPY OF PROBLEM AND MEDICATION LIST

- Diabetes
- Stroke
- Hypertension
- Pulmonary Hypertension
- Heart Disease
- COPD (stage______)
- Heart Failure
- Neuromuscular
- Seizure
- Other
- Height _________
- Weight _________