

Name: _____ DOB: _____ Date: _____

List any new problems or concerns with regard to your sleep:

- **What type of PAP device do you use?** (Hereafter will just refer to as "CPAP")
 CPAP/Cflex BiPAP/BiFlex AutoPAP/Aflex VPAP Trilogy other/unsure
- **Describe your sleep with CPAP:** Good Fair Poor
- **Compared to before CPAP, your sleep with CPAP is:**
 dramatically better somewhat better unchanged worse
- **How many nights per week do you use CPAP?**
 None 0-3 4-5 Every night
- **How many hours per night do you wear CPAP?**
 None 0-2 5-6 All night long
- **Problems with CPAP include: (Check any that apply)**
 None mask issues nasal symptoms leaks insomnia dry mouth
 pressure too high pressure too low remove mask without realizing
- **Check if you have any of the following symptoms despite using your CPAP device:**
 snoring palpitations night sweats nighttime urination leg jerks
 restless legs nightmares frequent arousals
- **Check if you have any of the following daytime symptoms:**
 excessive sleepiness fatigue shortness of breath irritability long naps
- **Have you ever:**
 fallen asleep while driving had a motor vehicle wreck due to sleepiness
 had trouble staying awake while driving none of the above
- **Check any medicines that you take for sleep:**
 Ambien/zolpidem Lunesta Restoril Trazadone Elavil Melatonin
 Doxepin Klonopin OTC sleep aids Belsomra Other _____

OFFICE USE ONLY:

MR#: _____

HPI:

PE:

Gen-

MP-1 2 3 4

Den- Y N

Neck-

CV- M G

Chest-

Abd-

Ext-

Ass:

Plan:

IMPORTANT: Driving while sleepy is dangerous. Many people have died or killed others after falling asleep while driving. If you are having problems staying awake while driving please let us know, and DO NOT DRIVE WHILE SLEEPY. Please initial after reading: _____

CONTINUES ON BACK

Review of Systems Pulmonary Associates (Template Sx.Pulm.ROS)

Please check any of the following symptoms which apply to you:

➤ **CONSTITUTIONAL**

Fever Chills Sweats Weight Gain Weight loss

➤ **EYES**

Eye pain Double Vision Blurred vision

➤ **HENT**

Headaches Post nasal drip Nasal Congestion Nasal discharge

➤ **CARDIOVASCULAR**

Chest pain Irregular heart beat Swelling Passing out

➤ **RESPIRATORY**

Shortness of breath Wheezing Cough Sputum production

Hoarseness Coughing up blood TB Exposure Chest wall pain

➤ **GASTROINTESTINAL**

Nausea Vomiting Diarrhea Constipation Reflux

Blood in stools Jaundice Abdominal pain

➤ **GENITOURINARY**

Frequent urination Night time urination Blood in urine

➤ **SKIN**

Rash Itching Skin lesion

➤ **NEUROLOGIC**

Weakness Seizures Altered mental status

➤ **MUSKULOSKELETAL**

Joint pain Back Pain Joint swelling

➤ **SLEEP**

Snoring Insomnia Daytime sleepiness

➤ **PSYCHIATRIC**

Anxiety Depression Psychosis

➤ **ALLERGIC-IMMUNOLOGIC**

Sinus allergies Eczema Food allergies