



## Sleep CLINIC--NEW PATIENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Do you snore? **Yes No**

Do you stop breathing at night? **Yes No**

Do you have nasal congestion? **Yes No**

Are you sleepy when driving? **Yes No**

What time do you go to bed? \_\_\_\_\_ What time do you wake up? \_\_\_\_\_

How many times do you wake up throughout the night? (Circle one)

**1-5times**

**5-10times**

**10-15times**

**15-20times**

**more than 20times a night**

Do you choke, Gasp or struggle for air when sleeping? **Yes No**

How much caffeine do you drink though out the day? \_\_\_\_\_ What type \_\_\_\_\_

Do you currently smoke? **Yes No** how long have you smoked? \_\_\_\_\_ Month and year you quit? \_\_\_\_\_ How many cigarettes/cigars/pipes per day do/did you average? \_\_\_\_\_

Have you ever used any illicit drugs (marijuana, cocaine, heroin, methamphetamines, other) either inhaled or intravenously? **Yes No** if yes, please explain: \_\_\_\_\_

Do you drink alcohol? **Yes No** if yes, how many per week? \_\_\_\_\_

Do you take any medications to help you sleep? **Yes No** If yes what medication? \_\_\_\_\_

Do you take any medications for pain? **Yes No** If yes what medication? \_\_\_\_\_

Do you have the urge to move your legs at night? **Yes No**

# EPWORTH SLEEPINESS SCALE FORM

**Instructions:** Be as truthful as possible. Read the situation in the first column; select your response from the second column; enter that number in the third column. Total all of the entries in the third column and enter the total in the last box.

Situation	Responses	Score
Sitting and Reading	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Watching Television	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting inactive in a public place (example: a theater or a meeting)	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
As a passenger in a car for an hour without a break	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Lying down to rest in the afternoon	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting and talking to someone	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
Sitting quietly after lunch when you've had no alcohol	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
In a car while stopped in traffic	0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing	
<b>TOTAL SCORE</b>		



# Legacy Medical Group

## Sleep Medicine Late Patient Policy

Legacy Medical Group – Sleep Medicine has initiated a new late patient policy as of September 1, 2011. Please expect the following standards:

- You will be asked to arrive 20 minutes prior to your office visit to allow time for check-in at the front desk, as well as time for the medical assistant to obtain your vital signs, review your medications, allergies, and preferred pharmacy
- If you have testing to do in the office, you will be asked to arrive an additional 20 minutes prior to your check-in time

Failure to arrive at your scheduled arrival time may result in your appointment being rescheduled.

If you need to cancel your office visit, please call the scheduling line (503-413-7067, option 1) 48 hours prior to your appointment or press 3 when Televox calls to confirm your appointment.

If you do not show up for your scheduled appointment, arrive late or fail to cancel your appointment within the appropriate time frame, you may be asked to find a new sleep medicine provider, outside of the LMG – Sleep Medicine group.

If you have any questions about the new policy, please ask to speak with the manager.

Thank you in advance for understanding and for helping LMG – Sleep Medicine Clinic provide the best care we can for you.

