

Alabama Sleep Therapy  
3056 Healthy Way, Ste. 124  
Vestavia Hills, AL 35243

Phone (205) 783-5323  
Fax (205) 783-5324

### DIRECTS

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

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

DOS: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Diagnosis/Past Medical History: (Enclosed)

Treatments/Medications: (Enclosed)

Allergies/Adverse Reactions: (Enclosed)

#### CC/HPI:

Have you been diagnosed with a sleep disorder? Yes  No

If yes, what was the sleep disorder? \_\_\_\_\_

Do you use a CPAP 5 nights a week or more? Yes  No

If applicable, do you feel better when you use CPAP? Yes  No

Do you snore? Yes  No

Have you or another noticed that you pause in your breathing at night? Yes  No

Approximately how long does it take for you to fall asleep? \_\_\_\_\_ minutes.

Do you typically struggle to stay asleep? Yes  No

Are you often tired or sleepy during the day? Yes  No

Do you fall asleep driving? Yes  No

Will you be driving yourself to the sleep lab? Yes  No

Height \_\_\_\_\_ Weight \_\_\_\_\_

Physician's Signature \_\_\_\_\_