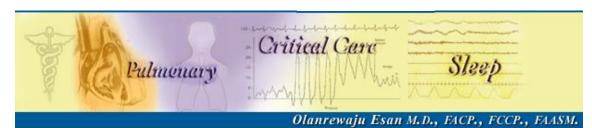


Medical Questionnaire

The purpose of this questionnaire is to help our physician understand the nature of your complaints and possible sleep disorder. All information contained in this questionnaire will be held in strict confidence. In order to assist us in serving you better, please answer each question complete and as accurate as possible. Some of the questions may not pertain to your specific complaint, but still answer them as best you can. It may be helpful to consult family members on some questions.

Name:				Dat	e:			
Referring Physic	Referring Physician:							
Primary Care Ph	nysician:							
Are you?	RIGHT Hand	ded 🗌	LEFT Handed	вотн 🗌				
What is the mai	in problem fo	or which you a	re being seen toda	y?				
How long have	you had this	problem?						
Social History: Marital Status:		n best answer Single) Life Partner	Separated	Divorced	Widowed		
Tobacco Use: Alcohol Use:	Do you curi	rently drink alo	cohol? Yes or No	Current, packs		_		
Drug Use: Caffeine Use: Occupation:	How much per day? per week? Never previously, but quit Type & Frequency : Never Cups per day Do you work outside of the home? Yes No Retired What kind of work do you do?							
Exposure:	Do you work shifts? Yes No Variable or Stable? Do you have excessive exposure at home or work to: fumes dust solvents air-borne particles							
Family History	<u>/:</u> (complete	all that applie	es)					
Father Mother	Age	at Onset	Disea:	se(s)	If deceased,	cause of death		
Brother(s)								
Sister(s)								
Children (How r	 many?)							



Namo			Dato	
Name			Date:	
Medication(s):	please list all medications	that you cu	rrently take. Include med	lications
	that you take on an "as r			
	Name of Drug		Dosage	How many per Day
_				
_				
-				
-				
Vitals:				
Height:'_	" Weight:		_	
Allanata a) a		A	Lataria V N
Allergies: Yes			Are you allergic to	
If yes, please list:	Medication		Symptoms you exp	benence
	Food		Symptoms you ex	perience
			o,proo ,ou en	
_				
•	Any other allergies	5	Symptoms you exp	perience
Past Surgical Hi	story:			
	Type of surgery		When	Where
-				
-				
-				
	story: (please Check Yes		No□	
Diabetes Type I o	гтуреп	Yes Yes	No No	
Hypertension Cancer of		Yes	No No	
Stroke		Yes	No No	
Heart Trouble		Yes	No No	
		Yes 🗍	No No	
<u> </u>		Yes 🗌	No	
Epilepsy Yes		No		
Bleeding Tendency Yes		=	No	
Acute Infections Yes		No		
Venereal Disease Yes			No	
Sleep Apnea Yes 🔲			No	
Hereditary Defects Yes		No		
Migraines		Yes	No	
Cholesterol		Yes 🔙	No	



Otanrewaja Esan m.D., FACF., FCCF., FAASM.

Epignosis Specialty Practice 320 Wilson Street West Hempstead, New York 11552 No past Medical History **Previous Testing:** When Where Results CT Scan MRI: EEG: Carotid Doppler _ Sleep Study Name: Date: Review of Systems: (please circle yes or no) **Constitutional Symptoms:** Musculoskeletal: Good general health lately Υ Υ Join pain Joint stiffness Υ Ν Recent weight loss Υ Υ Ν Recent weight gain Υ Muscle cramps Fever Υ Back pain Υ Ν Υ Ν **Fatigue** Ν Loss of appetite Integumentary (skin) Υ Ν Rash Υ Ν Itching Eyes: Υ Change in skin color Ν Eye disease Ν Υ Ν Double vision Wear corrective lenses **Sleep Problems:** Υ Ν Visual loss Υ Ν Do you sleep well? Ν Ν Blurred vision Υ Ν Leg jerks at night? Υ Do you snore? Ears/Nose/Mouth/Throat: Υ Are you fatigued on awakening? Stop breathing at night? Υ **Hearing Loss** Υ Υ Ringing in ears Υ Grind your teeth? Υ Earaches Ν Swallowing problems **Previous Diagnosis of:** Υ Ν Chronic sinus problem Ν Sleep apnea Υ Υ Restless leg syndrome Cardiovascular: Narcolepsy Heart disease Ν Υ Υ Ν Chest pain **Psychiatric:** Υ Υ Ν Ankle swelling Ν Memory loss Υ Ν **Palpitations** Υ Ν Confusion Shortness of breath with walking Υ Nervousness Υ Ν Shortness of breath while lying flat Υ Depression Υ Ν Ν Ν Irregular heart beat Υ Anxiety Υ Υ Ν Calf pain with activity **Endocrine:** Thyroid disease Respiratory: Υ Ν Frequent cough Diabetes Υ Ν Υ Ν Υ Ν Asthma Υ Ν Excessive thirst Ν Heat intolerance Υ Wheezing Υ Υ Ν Cold intolerance **Gastrointestinal:** Ν Diarrhea **Neurologic:** Υ

Y N

Y N

Numbness

Tingling

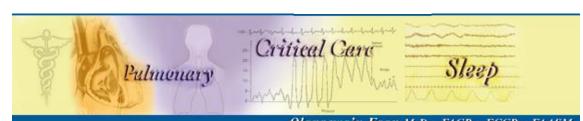
Υ

Ν

Ν

Nausea

Vomiting



			Olanre	waju .	Esan	M.D., E	ACP.,	FCCP.,	FAASI
		Epignosis Specialty Practice 3	320 Wílson Street	West	Hen	ıpstead,	New	York 1	1552
Υ	Ν	Constipation		Υ	Ν	Speech	n difficu	ılties	
Υ	Ν	Blood in stool		Υ	Ν	Gait di	fficultie	es	
Υ	Ν	Abdominal pain		Υ	Ν	One sid	ded we	akness	
Υ	Ν	Heartburn		Υ	Ν	Tremo	r		
Υ	Ν	Ulcer		Υ	Ν	Faintin	g		
				Υ	Ν	Swallo	wing di	ifficultie	S
Ge	nitouı	rinary:							
Υ	N	Frequent urination							
Υ	N	Blood in urine							
Υ	N	Incontinence							
Υ	N	Kidney stones							
Υ	N	Sexual difficulties							
Υ	N	Male/testicle pain							
Υ	N	Female/irregular periods							
Υ	N	Urgency							
Υ	Ν	Painful urination							
Na	me: _			Dat	e:				

Sleep History

What time do you go to bed? AM D PM D						
How long does it take you to fall asleep?						
How often do you awaken from sleep?						
If you awaken, how long does it take you to return to sleep?						
What time do you normally awaken? AM F	РМ					
Do you grind your teeth at night?	Y 🗌	N				
Do you sleep walk?	Y 🗌	N				
Do you talk in your sleep?	Y 🗌	N				
When falling asleep:						
Have you ever hallucinated (seen or heard things that were not real)?	Y 🗌	N				
Have you experienced itching or a crawling sensation in your legs?	Y 🗌	N				
Have you experienced a burning discomfort in your feet?	Y 🗌	N				
Have you experienced leg jerking at night?	Y 🗌	N				



On awakening:			
Have you ever been awake, but unable to move?	Y 🔲	N	
Have you found that you had bitten your tongue?	Y 🔲	N	
Have you been incontinent of bowels or bladder?	Y 🔲	N	
During the day have you experienced episodes of weakness of the Face, arms, or legs when laughing, angry, or in stressful situations?	Y 🔲	N	
Do you have morning headaches?	Y 🔲	N	
Have you ever awakened screaming at night?	Y 🔲	N	
Do you wake up choking or gasping?	Y 🔲	N	
Name:	Date:		

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation.

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

Situation:	Chan	ce of	f doz	zing:
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in afternoon	0	1	2	3
Sitting and talking with someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Tot	:al:			
Reproduced with permission from John MW. A new method for measu	uring daytin	ne sle	eepin	ess: Epworth Sleepiness Scale. 1991; 14:540-545
		_		
Name:		l	Date	:

ZUNG SELF-RATING DEPRESSION SCALE

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

A little of the time filter of the time filter of the time filter	Mal	ke check mark (√) in appropriate column:				
1 Ifeel down-hearted and blue 2 Morning is when I feel the best 3 I have crying spells or feel like it 4 I have trouble sleeping at night 5 I eat as much as I used to 6 I still enjoy sex 7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead						
Morning is when I feel the best I have crying spells or feel like it I have trouble sleeping at night I leat as much as I used to I still enjoy sex I notice that I am losing weight My heart beats faster than usual I get tired for no reason I My mind is as clear as it used to be I find it easy to do the things I used to I am restless and can't keep still I feel hopeful about the future I find it easy to make decisions I feel that I am useful and needed My life is pretty full My life is pretty full I feel others would be better off if I were dead			the time	time	of the time	the time
1 have crying spells or feel like it 1 have trouble sleeping at night 5 leat as much as I used to 6 I still enjoy sex 7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	1	I feel down-hearted and blue				
4 I have trouble sleeping at night 5 I eat as much as I used to 6 I still enjoy sex 7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	2	Morning is when I feel the best				
1 leat as much as I used to 6 I still enjoy sex 7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	3	I have crying spells or feel like it				
1 I still enjoy sex 7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	4	I have trouble sleeping at night				
7 I notice that I am losing weight 8 I have trouble with constipation 9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	5	I eat as much as I used to				
I have trouble with constipation	6	I still enjoy sex				
9 My heart beats faster than usual 10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	7	I notice that I am losing weight				
10 I get tired for no reason 11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	8	I have trouble with constipation				
11 My mind is as clear as it used to be 12 I find it easy to do the things I used to 13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	9	My heart beats faster than usual				
I find it easy to do the things I used to I am restless and can't keep still I feel hopeful about the future I am more irritable than usual I find it easy to make decisions I feel that I am useful and needed My life is pretty full I feel others would be better off if I were dead	10	I get tired for no reason				
13 I am restless and can't keep still 14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	11	My mind is as clear as it used to be				
14 I feel hopeful about the future 15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	12	I find it easy to do the things I used to				
15 I am more irritable than usual 16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead	13	I am restless and can't keep still				
16 I find it easy to make decisions 17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead 19 I still enjoy the things I used to do	14	I feel hopeful about the future				
17 I feel that I am useful and needed 18 My life is pretty full 19 I feel others would be better off if I were dead 1 I still enjoy the things I used to do	15	I am more irritable than usual				
17 18 My life is pretty full 19 I feel others would be better off if I were dead 19 Lstill enjoy the things I used to do	16	I find it easy to make decisions				
19 I feel others would be better off if I were dead 19 I still enjoy the things I used to do	17	I feel that I am useful and needed				
19 Letill enjoy the things Lused to do	18	My life is pretty full				
20 I still enjoy the things I used to do	19	I feel others would be better off if I were dead				
	20	I still enjoy the things I used to do				

Tatal.	
Total:	