Sleep Clinic Evaluation Date Start time Stop time MRN

Referring Physician **PCP**

Reason for consult

History of Present Illness ❑Patient is Nonverbal. History obtained from _____

❑Shift work If yes, describe work schedule

Estimated number of hours of sleep/night _____

Caffeinated beverages consumed/day _____

❑Patient takes antidepressants, benzodiazepines, stimulants, narcotics, anti-seizure medications, alcohol or recreational drugs

❑Loud snoring or gasping, choking sounds
❑Witnessed apnea
❑Fatigue despite adequate sleep
❑Vivid dreams
❑Difficulty falling asleep or staying asleep
❑Hypnogogic or Hynopompic symptoms
❑Sudden muscle weakness associated with strong emotions (Cataplexy) ❑Recent weight gain of >10 pounds

❑Excessive daytime sleepiness
❑Auto accidents in the past 12 months
❑Sleep walking or eating
❑Night terrors
❑Leg jerks while sleeping
❑Restless legs symptoms

Epworth Sleepiness Scor

Allergies

❑ Allergies reviewed
- ❑ No drug allergies
- ❑ No food allergies

Medications

❑ Medications reviewed
- ❑ Changes as follows

Review of Systems

See HPI	WNL		
❑	❑	**Constitutional**	Fatigue, malaise, fever/chills, weight loss, change in appetite
❑	❑	**Eyes**	Vision changes, New pain, Scotomas
❑	❑	**ENT/mouth**	Dry mouth, nose bleeds, nasal polyps, sore throat on wake
❑	❑	**Resp**	Dyspnea, Cough, Phlegm, Hemoptysis, Wheeze, Apnea
❑	❑	**CV**	Chest pain, diaphoresis, ankle edema, PND, syncope
❑	❑	**GI**	Emesis, dysphagia, GERD, abdominal pain, diarrh melena
❑	❑	**GU**	Change in urinary habits, nocturia, hematuria, dy
❑	❑	**Musc**	Myalgias, recent trauma, bony fractures
❑	❑	**Skin/breasts**	Rashes, nonhealing areas, new masses
❑	❑	**Neuro**	Muscle weakness, morning headaches, paresthesias
❑	❑	**Endo**	Hair loss, polydipsia, globus sensa enlarged or tend thyr
❑	❑	**Heme/lymph**	Bleeding gums, unusual bruising, ph nodes
❑	❑	**Allergy/Immun**	Sinus probs, recurrent infections
❑	❑	**Psych**	Mood changes, agitation, psychosis, de m, de ia

Notes

Past Medical and Social History

❑ Narcolepsy
❑ Obstructive Sleep Apnea
❑ Restless Legs Syndrome
❑ Periodic Leg Movement Disorder
❑ Insomnia

❑ Asthma
❑ Bronchiectasis
❑ Cerebral Artery Disease
❑ Congestive Heart Failure
❑ COPD
❑ Coronary Artery Disease
❑ GERD
❑Hepatic Dysfunction
❑ Hypertension

❑ H and cancer
❑ Ra ion to h head
❑ Swa ing diso

❑ Ne weakness
❑ Occupational exposures
❑ PAD
❑ Periph l Artery Disease
❑ Rheu oid arthritis
❑ Sarc sis
❑ S derma
❑ Seizure Disorder
❑ Thyroid Disease

❑ Nasal polyps
❑Deviated septum

❑ Alcohol
❑ Tobacco ____ Packs x ____ Yrs
❑ Recreational drugs

❑Quit

Tests Performed

❑ ECHO/Stress Test

❑ Sleep Study
- ❑ Full night
- ❑ Split night

Apnea/Hypopnea Index ___

❑ Multiple Sleep Latency Test

❑ Maintenance of Wakefulness Test

Surgeries

❑Denies surgical history

❑ENT surgeries
- ❑ Rhinoplasty
- ❑ Jaw surgery
- ❑ Polypectomy
- ❑ Uvulopalatopharyngoplasty

Family Medical History

❑ OSA
❑ Narcolepsy
❑ Neuromuscular Disease

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Exam		☑ Checked box indicates findings are within normal limits
T	*General	❑ Alert
P	*ENT	❑ Nasal mucosa ❑ Dentition ❑ Oropharynx ❑ Jaw ❑ Uvula ❑ Tongue Mallampati ❑I ❑II ❑III ❑ IV
R	*Neck	❑ Normal to palpation ❑ Thyroid ❑ No JVD Neck circumference
BP	*Resp	❑ Clear to auscultation ❑ Clear to percussion ❑No respiratory distress ❑No chest wall defects
Wt	*CV	❑ Clear S1 S2 ❑ No murmur ❑ No gallop ❑No rub ❑ Periph pulses ❑ No peripheral edema
BMI	*GI	❑ No palpable masses ❑ No hepatosplenomegaly ❑ No hepatojugular reflux
Sats	Lymph	❑ No lymphadenopathy
	Musc	❑Tone ❑ Gait
	Extrem	❑ No clubbing ❑ No cyanosis
	Skin	❑ No rashes, ecchymoses, nodules, ulcers
	Neuro	❑ Oriented ❑Affect

Labs/Tests	Impression/Plan
Schedule patient for ❑Polysomnography ❑MSLT ❑Maintenance Wakefulness Test ❑ECHO ❑Cardiopulmonary Stress Test ❑CPAP ❑BiPAP ❑Smoking cessation aids ❑Labs	
Follow Up	**Signature/Date:** **CODE STATUS:** ❑ **Full code** ❑ **Do Not Attempt Resuscitation**

Data Reviewed: ❑ Old Chart ❑Nursing Notes & Vitals log ❑ Labs ❑ Radiology data ❑Polysomnography ❑ECHO ❑ECG ❑ Stress Test ❑ PFT

Coordination of care: ❑Discuss w/HCPOA ❑Discuss w/PCP ❑Case Mgmt or SW ❑Pharmacy, ❑Nutrition team, ❑Physical therapy ❑Respiratory therapy, ❑Nursing

 Revised 17April07