PEDIATRIC SLEEP FOLLOW-UP

SLEEP HISTORY QUESTIONNAIRE

(best if completed by patient)

Mid-Michigan Sleep Center
8203 S. Saginaw Street
Grand Blanc, MI 48439
Phone: (810) 953-3600 FAX: (810) 953-9547

Mid-Michigan Sleep Center

AMERICAN ACADEMY OF SLEEP MEDICINE — WAKE SLEEP — MEMBER CENTER

BACKGROUND INFORMATION **Today's Date:**_____

Name:_____ **Age**: _____ Birthdate: _____ Sex: _____

Home Phone:_____ Cell: _____ Parent Work: _____

Email: _____

Pharmacy of Choice (location included): _____

Mother's Name:_____ Father's Name: _____

Family Doctor: _____ Referring Doctor: _____

Please briefly describe why you were referred or what problem you are having:

_____

NEW MEDICATIONS/ INHALERS or changes	**Dose**	**Frequency**
May make a separate list		

ALLERGIES	**Reaction**

RECENT SURGICAL HISTORY	**Date**
Recent Tonsillectomy & Adenoidectomy?___	

UPDATES

Vaccinations are up-to-date
☐Yes ☐No ☐Flu Shot

Naps? ☐Every day ☐Occasional ☐None
How long?_____

Caffeine ☐Yes ☐No How many servings?_____

Regular Well-Health Visits
☐Yes ☐No
Current Grade in School: _____
Pets in home? (please list)

_____

Patient exposed to smoking?
☐Yes ☐Home ☐Car ☐Alternates Homes
☐No ☐Parents smoke outside/not in car

Patient participates in SPORTS/EXERCISE?_____

GENERAL REVIEW OF SYSTEMS

☐	Headache	☐	Heartburn	☐	Weight Change Gain/ Loss_____
☐	Bloating	☐	Nasal Conges-tion	☐	Dry Mouth
☐	Frequent Awakenings	☐	Shortness of breath	☐	Cough
☐	Feel Sleepy	☐	Sinus Pain	☐	Sore nose
☐	Dry Mouth	☐	Difficulty concentrating	☐	Hyperactivity
☐	Struggle to Breath	☐	Stops Breathing	☐	Hard to wak in Morning

☐	Trouble Maintaining Sleep ☐ Improved ☐ Worse ☐ Same	
☐	Trouble Initiating Sleep ☐ Improved ☐ Worse ☐ Same	
☐	Restless Legs/Kicking with legs during sleep ☐ Improved ☐ Worse ☐ Same	
☐	Sleep Walking/Terror ☐ Improved ☐ Worse ☐ Same	
☐	Snoring ☐ Improved ☐ Worse ☐ Same	
☐	Feeling Sleepy ☐ Improved ☐ Worse ☐ Same	

Currently lives with: ☐ Both parents ☐ Foster Care
☐ Mother ☐Father ☐ Grandparent(s) ☐Aunts/Uncles
☐Alternates between parents ☐Siblings at home
☐ Parents divorced ☐Parents separated
☐ Other_____

NEW MEDICAL CONDITIONS