SANTA FE therapy ASSOCIATES

Speech-Language Therapy • Occupational Therapy • Physical Therapy • Orofacial Myofunctional Therapy
1800 Old Pecos Trail, Suite #1 • Santa Fe, NM 87505
(505) 424-8777 • Fax: (505) 424-9777 • www.sftherapyassoc.com

Patient name:	DOB:	Today's Date:

Describe presenting problem:

Has there been any change since you first noticed the problem?

Do you have any presenting medical conditions that have been previously diagnosed?

If so, what are they?

Have you had any SEVERE illnesses or injuries needing surgery?

Have you had any diagnostic studies (CAT scan, MRI, Modified Barium Swallow, etc.)?

Please list any medications you/your child are currently taking and what it is for:

Please list any allergies you have:

Are there any speech, language, learning, sensory, motor and/or hearing problems in your family? If so, please describe:

Do you have a history of any other problems:

☐ high blood pressure ☐ diabetes ☐ heart disease ☐ infections

☐ pneumonia ☐ migraine headaches ☐ arthritis ☐ lung disease

☐ epilepsy Other:

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Patient name:	DOB:	Today's Date:

What is your usual bedtime?

_____

Are you sleepy during the day?

_____

Do you:

- ☐ Do you snore more than half of the time?
- ☐ Always snore?
- ☐ Snore loudly?
- ☐ Have "heavy" or loud breathing?
- ☐ Breathe through their mouth at night?
- ☐ Have trouble, or struggle to breathe?
- ☐ Ever stop breathing during the night?
- ☐ Wake up during the night?
  How many times?
- ☐ Nap frequently?
- ☐ Bang their head in sleep?
- ☐ Sleep restlessly?
- ☐ Have leg pains?
- ☐ Breathe through the mouth during the day?
- ☐ Have a dry mouth in the morning?
- ☐ Occasionally wet the bed?
- ☐ Wake up feeling sleepy/have a hard time waking up?
- ☐ Have sleepiness during the day?
- ☐ Wake up with a headache?
- ☐ Have trouble with being overweight?
- ☐ Have nightmares?
- ☐ Scream during sleep?
- ☐ Grind their teeth during sleep?
- ☐ Sleepwalk?
- ☐ Kick while sleeping?

Is there anything else you feel we need to know about your sleep habits?