



(Accredited by American Academy of Sleep Medicine)

R. Bart Sangal, MD, Director, Clinical Neurophysiology Services, PC

Board Certified, Sleep Medicine & Clinical Neurophysiology

Beaumont Physician Office Building, 44344 Dequindre Rd #360, Sterling Hts, MI 48314

Tel: (586) 254-0707; Fax: (586) 254-7207, website: www.SleepAndAttentionDisorders.com

First Name	Last Name	Date

Please mark (in the column under X) any symptoms you currently have

General	X	Gastro-intestinal	X	Neurological	X
Appetite Decrease		Constipation		Drowsiness	
Appetite Increase		Nausea		Difficulty sleeping	
Weight Gain past year > 10 lbs		Diarrhea		Memory Problems	
Weight Loss past year >10 lbs		Heartburn		Attention Problems	
Ear Nose Mouth Throat	X	Genitourinary	X	Psychiatric	X
Dry Mouth		Difficulty with sexual arousal		Anxiety	
Nasal Congestion		Difficulty urinating		Irritability	
Dry Nose		Difficulty with orgasms		Depression	
Hearing Loss		Incontinence		Hearing voices	
Respiratory	X	Musculoskeletal	X	Endocrine	X
Snoring		Headaches		Cold intolerance	
Stopping breathing in sleep		Back pain		Heat intolerance	
Chronic cough		Joint pain		Excessive thirst	
Difficulty Breathing		Muscle weakness		Excessive sweating	
Cardiovascular	X	For office use	X	For office use	X
Dizziness		For office use	X	For office use	X
Palpitations		For office use	X	For office use	X
Chest pain		For office use	X	For office use	X
Swelling of legs		For office use	X	For office use	X

Please mark (in the column under X) current or past medical problems

CPAP/BPAP use at home		Asthma		Degenerative Disc Disease	
Oxygen use at home		Gastro-esophageal Reflux		Anxiety Disorder	
Tonsillectomy		Ulcerative Colitis		Depression	
Allergic Rhinitis		Crohn's disease		Bipolar Disorder	
Chronic ischemic heart disease		Irritable Bowel Syndrome		Schizophrenia	
High blood pressure		Concussion		Eating Disorder -anorexia/bulimia	
Chronic heart failure		Head Injury without skull fracture		Diabetes Mellitus	
Atrial Fibrillation		Cerebrovascular disease (strokes)		Hyperthyroidism	
Arrhythmia (irregular heartbeat)		Epilepsy		Hypothyroidism	
Chronic Obstructive Lung Disease		Attention Deficit Hyperactivity		Hyperlipidemia (high cholesterol)	



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First Name	Last Name	Date

Please mark (in the column under the relative) any family history

General	Mother	Father	Daughter(s)	Son(s)	Sister(s)	Brother(s)
Sleep Apnea						
Excessive sleepiness						
Insomnia						
Abnormal sleep behavior						
Depression						
Alcohol abuse						
ADHD						
Dementia						
Seizure disorder						

Please circle

Marital Status	Single	Married	Separated	Divorced	Widowed	
Highest Education	Less than high school	High school	Some college	College graduate	Post-graduate	
Current work status	Full-time	Part-time	Disabled	Unemployed	Unemployed	
	Retired	Self-employed	Full-time parent	looking for work	not looking for work	
Caffeine use	Coffee	Tea	Sodas/pops	Medicines	Foods	None
	Total servings per day:					
Alcohol use	Occasional	Moderate	Heavy	Recently quit	Quit a long time ago	None
Tobacco use	Smoke daily	Smoke, not daily	Former smoker	Never smoked	Other tobacco	None
Illicit drug use	Recently quit	Quit a long time ago	Daily	Weekly	Monthly	None