

PULMONARY CONSULTANTS OF SAN ANTONIO, P.A.

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AT

LONE STAR SLEEP LAB

MEMBER AMERICAN SLEEP DISORDERS ASSOCIATION
7940 FLOYD CURL DRIVE MEDICAL TOWER II, SUITE 220/240 SAN ANTONIO, TEXAS 78229
TELEPHONE: (210) 692-0934 FAX: (210) 692-0841

Michael W. Wooley, M.D., FCCP * Medical Directors * David A. Schenk, M.D., FCCP

CONSULTATION

Date: ___/___/___

Your Name: _____ DOB: _____ Age: _____ Height: _____ Weight: _____

Primary Physician: _____ Referring Physician: _____

Check if appropriate:

- Daytime sleepiness
Daily fatigue or tiredness
Nap during the day
Become drowsy or Fall asleep while driving
Become drowsy or Fall asleep at work
Become drowsy or Fall asleep in meetings
Become drowsy or Fall asleep in church
Become drowsy or Fall asleep while talking with people
Become drowsy or Fall asleep while watching television
Become drowsy or Fall asleep while reading
Restless sleep
Snoring
Wake up with snort or choking/gasping for breath
Told that you stop breathing when you sleep
History of Narcolepsy
Fall asleep despite efforts to stay awake (sleep attacks)
When laughing, crying, surprised or angry body feels limp
Vivid dream- like images or nightmares upon falling asleep or waking up
Unable to move when falling asleep or waking up
Legs jerking at night
Told that you kick at night
Leg discomfort at night
Cannot keep legs still at night; have urge to move them
Aching or crawling sensation in my legs while in bed
Difficulty falling asleep
Awake for 15 minutes or more before falling asleep
Thoughts race through mind making it difficult to fall asleep
Worried about things and unable to relax
Wake up during the night and unable to fall back to sleep
Wake up earlier in the morning than I prefer

- High blood pressure
Morning Headaches
Depression
Increased irritability
Memory loss/Difficulty Concentrating
Decreased Sex Drive
Weight gain in the past 5 years ___ lbs.
Broken jaw
Sinus problems
Sinus surgery
Wake up with dry mouth
Tonsillectomy
Thyroid Disease

What is your occupation? _____ Do you work shifts? _____
What time do you normally go to bed? _____ How long does it take you to fall asleep? _____
What time do you normally get up? _____ On weekends? _____
How many times do you usually awaken at night? _____ Do you awaken tired? _____
Have you worn braces or had oral-facial surgery? _____
Do you currently use oxygen? _____

