

**Sleep Disorders Institutes**

11881 W. 112<sup>th</sup> St. Suite 101

Overland Park KS 66210

Phone (913) 754-3275 Fax (913) 754-3276

[administrator@sleepdisordersinstitute.com](mailto:administrator@sleepdisordersinstitute.com)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: M F Married Single Divorced

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance Information:**

Insurance Company Name: \_\_\_\_\_

Address \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_

PLEASE ATTACH COPY OF CARD

**EPWORTH SCALE**

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in the past 3 weeks. Use the following scale to choose the most appropriate number for each situation:

**0 = no chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing**

**SITUATION CHANCE OF DOZING**

Sitting and reading. \_\_\_\_\_

Watching TV \_\_\_\_\_

Sitting inactive in public (movie or meeting) \_\_\_\_\_

As a passenger in a car for an hour, without a break \_\_\_\_\_

Lying down to rest when circumstances permit \_\_\_\_\_

Sitting and talking to someone \_\_\_\_\_

Sitting quietly after a lunch without alcohol \_\_\_\_\_

In a car, while stopped for a few minutes in traffic \_\_\_\_\_

**Total the points.** \_\_\_\_\_