SANTA FE THERAPY ASSOCIATES

Speech Language Therapy • Orofacial Myology • Occupational Therapy • Physical Therapy
1800 Old Pecos Trail • Santa Fe, New Mexico • 87505
p) 505-424-8777 • f) 505-424-9777

Melissa Wilson, M.Ed., CCC/SLP, COM - Director

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**

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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?

_____
_____
_____
_____
_____
_____
_____