



Patient Questionnaire

- Fatigue Insomnia Weight Gain/loss Irritability
 Snoring Nasal congestion/obstruction

FAMILY HISTORY: PARENTS OR SIBLINGS

- Cancer Stroke HTN DM GERD
 OSA RLS

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- Allergies Muscle Pain/Weakness Smoke/Drink
 Memory Impairment Abnormal sleep pattern Back Pain
 Change in sleep/awake pattern Decreased Activity Headache

Medications: _____

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