

Sleep/Wake Disorders Center
1500 N. Ritter Avenue
Indianapolis, IN 46219
(317) 355-4275

Sleep/Wake Disorders Center
11911 N. Meridian #140
Carmel, IN 46032
(317) 621-6777

Sleep/Wake Disorders Center
1402 E. County Line Road S.
Indianapolis, IN 46227
(317) 887-7079

Sleep/Wake Disorders Center
7250 Clearvista Dr. #350
Indianapolis, IN 46256
(317) 621-5959

Marvin E. Vollmer, M.D., A.C.P., Co-Director * Hany Haddad, M.D., A.C.P., Co-Director

PRE-SLEEP TESTING HISTORY & PHYSICAL

*Required by the American Academy of Sleep Medicine for all scheduled patients
prior to their study.*

Patient's Name: _____

Date of Birth: _____

Doctor: _____

Test(s) Date(s): _____

History: (Check all that apply.)

Has the patient had difficulty with excessive sleepiness or difficulty staying awake while sedentary?

Yes No

If so, how long? _____ (months/years)

Has the sleepiness resulted in any motor vehicle accidents, job or education problems? Yes No

Any memory problems or "blackout spells"? Yes No

Snoring? No Loud Loud with apneic pauses

Does the patient have: Sleep Paralysis Cataplexy Terrors Spells Restless Legs

Sleep-related Seizures Disrupted Sleep Hypnagogic Hallucinations Sleep Walking

Does the patient have difficulty with initiating or maintaining sleep? Yes No

Physical: (If "Abnormal", please describe.)

Blood Pressure: _____ / _____ Heart Rate: _____ Height: _____ Weight: _____

Head and Neck Exam: Normal Abnormal Thorax and Lungs: Normal Abnormal

Cardiovascular: Normal Abnormal Ambulatory Status: Bedridden Wheelchair

Significant Medical Problems: _____

Medications: (Required by the American Academy of Sleep Medicine)

Medication Allergies: _____

Evaluate For: (Check all that apply.)

Obstructive Sleep Apnea

Periodic Limb Movements in Sleep (AKA Sleep Myoclonus)

Narcolepsy

Chronic Insomnia (Disorder of initiating and/or maintaining sleep)

Sleep related seizures / Spells / Sleep Walking / Terrors / REM Sleep Behavior Disorder

Would you like a sleep/wake consultation if the sleep test indicates the presence of a significant sleep/
wake disorder? Yes No If yes, check one: Dr. Vollmer Dr. Haddad

PLEASE FAX BACK ASAP
(317) 351-2795 - Thank you.

M.D.
Physician Signature & Date