

Patient Screening Form

Patient Information:			
Patient Name:		DOB:	
Patient Address:	City:	St:	Zip:
Phone Number:		Email:	
Emergency Contact:	Relationship:	Phone Number:	
Referred by <input type="checkbox"/> Responder Flyer <input type="checkbox"/> PCP/MD <input type="checkbox"/> DDS <input type="checkbox"/> Other:		Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Medical Insurance Carrier:	ID #:	Grp#:	

Epworth Sleepiness Scale	
Use the following scale to chose the most appropriate number for each situation:	
0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing <i>It is important that you answer each question as best you can.</i>	
Situation	Chance of dozing (0-3)
Sitting and reading	_____
Watching TV	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting)	_____
As a passenger in a car for an hour without a break	_____
Lying down to rest in the afternoon 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 score _____ 0-9 Normal Daytime Sleepiness 10-12 Mild Daytime Sleepiness 12-15 Moderate Excessive Daytime Sleepiness 16-24 Severe Excessive Daytime Sleepiness

Signs & Symptoms:			
Please check <u>all</u> that apply			
<input type="checkbox"/> Loud Snoring	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stroke	<input type="checkbox"/> Depression
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Morning Headaches	<input type="checkbox"/> Restless Leg Syndrome
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Diabetes Type II	<input type="checkbox"/> Clenching, Grinding	<input type="checkbox"/> Excessive Daytime Sleepiness

FAX Today: 619-881-0408

Signature: _____	Date: _____
------------------	-------------

Open Mon-Fri 8am-5pm | Closed for lunch daily 12noon- 1pm | 9474 Kearny Villa Rd, #102 San Diego, CA 92126
 Phone (619) 494-5091 | www.abclinicsd.com | info@abclinicsd.com