

Sleep intake form (page 1 of 2)

Today's date: _____ Date of birth: _____

First name: _____ Last name: _____

Social history (please circle yes or no):

Do you drink caffeinated beverages? Yes No How much in 24 hours? _____

Do you drink beer or wine? Yes No How much in 24 hours? _____

Do you drink liquor? Yes No How much in 24 hours? _____

Do you use any tobacco products? Yes No How much in 24 hours? _____

Current health concerns (circle all that apply):

ADD/ADHD	Heart attack	Morning headaches
Anxiety	Heart failure	Seizures
Depression	Heartburn	Sleep problems
Diabetes	High blood pressure	Stroke
Fibromyalgia	Irregular heartbeat	Other: _____

Surgical history (circle all that apply):

Adenoids removed	Nasal surgery	Tonsils removed
Heart surgery	Palate surgery	Weight loss surgery

Family history (circle all that apply and list family relationship):

ADD/ADHD	Heart surgery	Seizures
Adenoids removed	Heartburn	Surgery on roof of the mouth
Anxiety	High blood pressure	Stroke
Depression	Irregular heartbeat	Tonsils removed
Diabetes	Morning headaches	Weight loss surgery
Fibromyalgia	Nasal surgery	Other: _____
Heart attack	Problems falling or staying asleep	_____
Heart failure		

Sleep intake form (page 2 of 2)

Check all symptoms that apply:

- Frequent headaches
- Fainting or passing out
- Sudden loss of vision or strength
- Unable to walk
- Hearing loss or ringing in ear(s)
- Hoarseness for more than 2–4 weeks
- Coughing up blood
- Shortness of breath or wheezing
- Swelling in the feet or ankles
- Chest pain, tightness or pressure
- Irregular or sudden fast heartbeat
- Difficulty swallowing or food “sticking” in throat
- Frequent heartburn or indigestion
- Stomach pain
- Frequent constipation
- Frequent diarrhea
- Rectal bleeding/black stools
- Difficulty urinating or leaking urine
- Blood in urine
- Urinating more than twice per night
- Pain in joints or bones
- Unusual bruising or bleeding
- Change in a wart, mole or skin growth
- Weight loss of more than 5–10 lbs.
- Memory or concentration problems



Nondiscrimination Notice and Access to Communication Services

ProHealth Physicians does not discriminate on the basis of sex, age, race, color, national origin, disability, or on the basis of any other discrimination prohibited by applicable law.

Free services **are** available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number 1-855-286-3411.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, disability or any other discrimination prohibited by applicable law, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number 1-877-773-5388. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-855-286-3411.

Language Assistance Services and Alternate Formats, continued

1	Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-286-3411.
2	Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-286-3411.
3	Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-286-3411.
4	Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-286-3411。
5	Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-286-3411.
6	French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-286-3411.
7	French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-286-3411.
8	Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-286-3411.
9	Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-286-3411.
10	Arabic	لمحوظة: إذا لقيت صعوبة في فهم اللغة فإِنَّ خدماتنا من إعداد اللغة متوفرة لك مجاناً. اتصل برقم 1-855-286-3411.
11	Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-286-3411번으로 전화해 주십시오.
12	Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-286-3411.
13	Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-286-3411 पर कॉल करें।
14	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-286-3411.
15	Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-286-3411.