LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Policies & Consents

Please read and review carefully, then sign and date

Thank you for selecting Lone Star Pulmonary and Sleep Specialists for your healthcare needs. We understand that you have a choice when it comes to healthcare providers, and we are glad you chose us. This office policy was developed to help us make your experience in our office as pleasant as possible.

FINANCIAL POLICY: As a courtesy to you, Lone Star Pulmonary and Sleep Specialists will file all insurance claims for you. ***It is your responsibility to present us with your most current insurance card and information.*** Failure to do so may cause you to be responsible for the entire bill, if your failure to inform us of these changes causes your insurance company to deny payment. If your insurance requires a referral, you must obtain one from your primary care provider (PCP) prior to making an appointment. Referrals can be faxed to (940) 387-2563.

FORM FEE: There is a $15.00 fee for processing forms which require more than a physician signature. Some forms may have a higher fee. This is billable directly to you (not your insurance company) and should be paid prior to the completion of the forms.

LABS: All tests and procedures are ordered for your benefit, and we are not liable for any costs your insurance may not cover. There will be no refunds after services are performed. If you have blood drawn or any other type of tests done in our office that needs to be sent to a lab for processing, please allow at least 48-hours before contacting our office for results. If we receive any **abnormal** results, the nurse will contact you after they have been reviewed by the physician. Copies of labs will be released by request only.

APPOINTMENTS: Please arrive on time. If for some reason you are going to be more than 15 minutes late, please call ahead to see if we can still accommodate you. There will be a **$25.00 charge** to existing patients for same day cancellations and a **$50.00 fee** for all new patients who fail to attend their scheduled appointment.

INSURANCE AND ADDRESS CHANGES: It is your responsibility to notify our office immediately if your insurance or personal information has changed. You will be held financially liable for charges incurred while you are not covered.

NEW PATIENTS: We request that you provide us with your completed new patient paperwork before your scheduled appointment. This will give us enough time to enter your information into the computer system to create your chart. If you are unable to provide your paperwork prior to your appointment, we will have to reschedule you.

PRESCRIPTION REFILLS: Please call your pharmacy and ask them to fax us a refill request. If you contact the office for a prescription refill, we will advise you to contact the pharmacy. Our fax number is (940) 387-2563.

PRIVACY POLICY: You acknowledge you have had an opportunity to review our Notice of Privacy Practices prior to signing this consent. We encourage you to review our Notice of Privacy Practices carefully. It provides more details on how Lone Star Pulmonary and Sleep Specialists may use and disclose your information. The Notice of Privacy Practices may change. A current copy may be requested from our office.

If you would like to request a restriction, please do so in writing. However, Lone Star Pulmonary and Sleep Specialists reserves the right to deny your request. If granted a request, we are bound by the terms of this agreement. You may also revoke this consent in writing. However, information on any treatment or service provided using this or prior consents may still be used or disclosed for purposes of treatment, payment, or health care operations. Refer to the Notice of Privacy Practices for further information.

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

CONTACTING OUR OFFICE: Our office hours are Monday through Friday, 9:00 am – 11:30 am and 1:00 pm – 5:00 pm. The office phone number is (940) 381-0971 and the fax is (940) 387-2563. We are currently doing in-person consultations, as well as telemedicine visits, as long as insurance will approve the telemedicine visit for payment. If you need an appointment, please contact the office to schedule.

I have read, understand, and agree to all the policies and consents listed above.

_____	_____	_____
Printed patient name	Patient signature/responsible party	Date

Information and Assignment of Benefits

I authorize the release of any medical information necessary to process claims for services rendered and for medical treatment. I permit a copy of this authorization to be used in place of the original.

_____	_____	_____
Printed patient name	Patient signature/responsible party	Date

I hereby authorize Lone Star Pulmonary and Sleep Specialists to apply for benefits on my behalf for covered services, either rendered by or ordered by. I request that payment from my insurance company be made directly to Lone Star Pulmonary and Sleep Specialists (or the party who accepts this assignment).

I certify that the information I have reported, regarding my insurance coverage, is correct.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked y either me or by my insurance company at any time in writing.

_____	_____	_____
Printed patient name	Patient signature/responsible party	Date

Notice of Privacy Practices Acknowledgement

I have reviewed the Notice of Privacy Practices of Lone Star Pulmonary and Sleep Specialists, which explains how my confidential medical information will be used and disclosed.

_____	_____	_____
Printed patient name	Patient signature/responsible party	Date

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Confidential Communication Compliance

In effort to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including Protected Health Information (PHI), Lone Star Pulmonary and Sleep Specialists would like to ensure the privacy of your medical information when using alternative types of communication.

These types of communications may include the following:

- Voice: messages left with spouse/significant other, family members, friends, and/or coworkers
- Voicemails: recorded messages left on home, work, or cell phones
- Electronic communication: email or online patient portal

Please answer the following questions:

May we leave a message on a home, cell, or work voicemail or send you an email regarding an appointment, referral, or test results? ☐ Yes ☐ No ☐ N/A

May we discuss your appointments and/or treatment with your spouse or with the person who may answer your phone? ☐ Yes ☐ No ☐ N/A

May we leave messages concerning your appointments with a coworker, receptionist, or secretary, who regularly answers your calls? ☐ Yes ☐ No ☐ N/A

If you are over the age of 18, still living at home, may we discuss your appointments and/or treatment with your parent(s) or guardian? ☐ Yes ☐ No ☐ N/A

If you are over the age of 18, may be discuss your appointment and/or treatment with your children?
☐ Yes ☐ No ☐ N/A

If we may discuss your care with someone other than yourself, please indicate below:

_____ I do not wish for my medical care to be discussed with anyone other than myself

_____ You have my permission to discuss my medical care with the following individual(s):

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

You must inform us, in writing, of any changes to your directives. This will be kept in your file, along with your acknowledgement of receipt of your Notice of Privacy Practices.

_____	_____	_____
Printed patient name	Patient signature/responsible party	Date
_____	_____	_____
Staff printed name	Staff signature	Date

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

New Patient Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Alternate phone: _____

Email address: _____ SS#: _____

Preferred name: _____ Height: ____ft____inch Weight: _____lbs Neck: _____inch

Gender at birth: ☐ Male ☐Female Gender you identify as: ☐ Male ☐Female

---

Martial status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Prefer not to answer

Race: ☐ White ☐ Black/African American ☐ American Indian ☐ Other: _____ ☐ Prefer not to answer

---

Emergency contact: _____ Relation: _____

Phone: _____

Employer: _____ Occupation: _____ ☐ Retired

Address: _____ City: _____ State: _____ Zip: _____

Name of insured: _____ SS#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to patient: _____ Employer: _____ Phone: _____

Primary Insurance: _____ Phone: _____

ID #: _____ Group #: _____

Secondary Insurance: _____ Phone: _____

ID #: _____ Group #: _____

Referred by: _____ Reason for visit: _____

Primary care physician: _____

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Please explain the reason for your visit today: _____

_____

_____

_____

Patient Health Questionnaire
Please answer the following questions

Little interest or pleasure in doing things?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Feeling down, depressed, or hopeless?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Trouble falling asleep, staying asleep, or sleeping too much

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Feeling tired, or having little energy?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Poor appetite or overeating?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Feeling bad about yourself, or that you are a failure, or have let yourself or your family down?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Trouble concentrating on things, such as reading the newspaper, or watching television?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Moving or speaking so slowly that other people could have noticed or the opposite – being so fidgety or restless that you have not been moving?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Thoughts that you would be better off dead or hurting yourself in some way?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Generalized Anxiety Disorder
Please answer the following questions

Feeling nervous, anxious, or on edge?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Not being able to stop or control worrying?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Worrying too much about different things?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Trouble relaxing?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Being so restless that it's hard to sit still?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Becoming easily annoyed or irritated?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

Feeling afraid, as if something awful might happen?

☐ Not at all ☐ Several days ☐ More than half of days ☐ Nearly everyday

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Other symptoms we need to know about
Please mark all that apply

General

☐ General fatigue
☐ Weakness
☐ Loss of or excessive appetite
☐ Fevers or chills
☐ Weight loss or gain
☐ Trouble speaking

Sleep history

☐ Currently on PAP therapy
☐ Excessive daytime sleepiness
☐ Morning headaches
☐ Working nights/swing shift
☐ Acting out dreams
☐ Stop breathing while asleep
☐ Restless leg/limb movements
☐ Frequent bathroom trips at night
☐ Sleep walking
☐ Night terrors
☐ Previously diagnosed with sleep apnea
☐ Waking up repeatedly throughout the night
☐ Narcolepsy / cataplexy / sleep paralysis
☐ Talking while asleep

Environmental exposure

☐ Animal contact
☐ Exposure to fiberglass
☐ Exposure to secondhand smoke
☐ Exposure to anyone with COVID
☐ Contact with anyone with TB
☐ Exposure to chemicals
☐ Recent travel
☐ Positive for COVID
☐ Exposure to asbestos
☐ Exposure to military service chemicals
☐ Exposure to mold
☐ Prior diagnosis of COVID

Skin

☐ Rash
☐ Dryness
☐ Lumps
☐ Color changes
☐ Itching
☐ Hair and/or nail changes (dry/weak, etc.)

Headache

☐ Headache
☐ Migraines
☐ Head injury

EENT

☐ Allergies/hay fever
☐ Deviated septum
☐ Frequent sneezing
☐ Decreased hearing
☐ Blurry or double vision
☐ Watery, itchy, or red eyes
☐ Mouth dryness
☐ Neck pain or stiffness
☐ Nasal or sinus congestion
☐ Frequent nose bleeds
☐ Hearing loss
☐ Ringing in the ears (tinnitus)
☐ Cataracts
☐ Flashing lights, specks, floaters
☐ Thrush
☐ Neck lymph node swelling/lumps
☐ Post-nasal drainage
☐ Sore throat
☐ Ear pain or drainage
☐ Change in vision
☐ Glaucoma
☐ Sore mouth or tongue
☐ Hoarseness

Lungs

☐ Cough (dry or wet, productive)
☐ Shortness of breath, resting
☐ Using inhalers or nebulizer
☐ Coughing up blood (hemoptysis)
☐ Shortness of breath, movement
☐ On supplemental oxygen at night
☐ Phlegm: color _____
☐ Wheezing
☐ On supplemental oxygen 24/7

Heart

☐ Chest tightness and/or pressure
☐ Trouble breathing lying flat
☐ Stents
☐ Palpitations
☐ Pacemaker
☐ Bypass surgery
☐ High blood pressure
☐ Diagnosis of congestive heart failure
☐ Atrial fibrillation

Blood

☐ Anemia
☐ History of blood clots/DVT
☐ Spontaneous bruising
☐ High blood sugar

Gastrointestinal

☐ Constipation
☐ Fresh blood in the stools
☐ Abdominal pain or cramps
☐ Nausea/vomiting
☐ Hemorrhoids
☐ Reflux/heartburn
☐ Dark, tarry stools with or without food
☐ Loose stools or diarrhea
☐ Choking on food/drink, trouble swallowing

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Urinary

☐ Urinary incontinence ☐ Frequent urination ☐ Urinary dribbling
☐ Frequent nighttime urination ☐ Burning on urination ☐ Blood in the urine

Musculoskeletal

☐ Muscle aches or pains ☐ Muscle spasms ☐ Joint pain

Neurological

☐ History of stroke ☐ Memory loss ☐ Dizziness
☐ Numbness in the limbs ☐ Muscle weakness ☐ Gait disturbance
☐ Paralysis ☐ Using a cane or walker ☐ Using a wheelchair

Any other information we need to know regarding this visit? ☐ No ☐ If yes, please explain: _____

_____
_____
_____

If you are seeing any specialists, please list their information below and the reason:

Cardiologist: _____

Neurologist: _____

Endocrinologist: _____

Infectious disease: _____

Oncologist: _____

Nephrologist: _____

Other: _____

Have you had any of the following immunizations/boosters?

Flu shot? ☐ No ☐ Yes Date: _____ Location: _____

Pneumococcal 23 shot? ☐ No ☐ Yes Date: _____ Location: _____

Prevnar 12 shot? ☐ No ☐ Yes Date: _____ Location: _____

Shingles shot? ☐ No ☐ Yes Date: _____ Location: _____

DTP shot? ☐ No ☐ Yes Date: _____ Location: _____

COVID 19 – 1st shot? ☐ No ☐ Yes Date: _____ Location: _____

COVID 19 – 2nd shot? ☐ No ☐ Yes Date: _____ Location: _____

COVID 19 – boosters? ☐ No ☐ Yes Date: _____ Location: _____

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Medical History
Please mark all that apply

☐ COPD	☐ Stroke	☐ Thyroid disease
☐ Pulmonary embolism or DVT	☐ Sleep apnea	☐ Cancer: _____
☐ Pulmonary hypertension	☐ Sleep disorder	☐ Testosterone replacement (males)
☐ Pulmonary fibrosis	☐ Restless legs	☐ Hormone replacement (females)
☐ Asthma	☐ Narcolepsy	☐ Seizures
☐ Allergies	☐ Teeth grinding	☐ Rheumatoid arthritis
☐ Congestive heart failure	☐ Kidney disease	☐ Osteoarthritis
☐ Coronary artery disease	☐ Liver disease	☐ Depression
☐ Heart disease	☐ Polycythemia/high blood count	☐ Glaucoma
☐ High blood pressure	☐ Anemia	☐ Ulcers
☐ Atrial fibrillation	☐ High cholesterol	☐ Gout
☐ Irregular heart beat	☐ Diabetes, type 1	☐ Tuberculosis
☐ Pacemaker	☐ Diabetes, type 2	☐ Sexual dysfunction

Other medical history: _____

_____

Medical Tests
If you have had any of the following tests performed, please list the date and location performed

☐ Pulmonary function: _____	☐ Mammogram: _____
☐ Sleep study: _____	☐ Bone density: _____
☐ Chest x-ray: _____	☐ Colonoscopy: _____
☐ CT chest: _____	☐ Other: _____

Have you been hospitalized recently? If yes, please list the location, dates, and reason for hospitalization:

_____

_____

_____

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Surgical History
Please mark all that apply

☐ Lung surgery	☐ Nasal surgery (deviated septum/polyps/sinus)	☐ Prostate surgery
☐ Bronchoscopy	☐ Gastric surgery (lap band/bypass/sleeve)	☐ Colon surgery
☐ Thoracentesis	☐ Heart bypass	☐ Thyroid surgery
☐ Lung biopsy	☐ Gallbladder surgery	☐ Cataract removal
☐ UPPP / palate surgery	☐ Hysterectomy	☐ Fracture repair
☐ Inspire surgery	☐ Ovaries removed	☐ Hip replacement
☐ Tonsillectomy	☐ C-section	☐ Knee replacement

Other surgical history: _____

_____

Social History

☐ Never smoked ☐ Former smoker ☐ Smoker ☐ Dates of smoking (years or ages): _____

☐ Cigarettes – packs per day: _____	☐ Tobacco pipe – times per day: _____
☐ Vaping/e-cigs – times per day: _____	☐ Chewing tobacco – cans per day: _____
☐ Marijuana – times per day: _____	☐ Illicit drug use: _____
☐ Cigars – times per day: _____	☐ Other: _____

Are you interested in quitting smoking? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No If yes, what do you drink & how often do you drink: _____

Do you have pets? ☐ Yes ☐ No If yes, what kind of pets: _____

Occupational History
Please check all that apply

Have you ever worked in or with any of the following or have you been exposed to any of the following:

☐ Asbestos	☐ Chemicals/chemical smells	☐ Foundry	☐ Welding
☐ Mold	☐ Paint/paint fumes	☐ Sand blasting	☐ Quarry

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Family History

Biological father: ☐ Alive ☐ Deceased Age: _____

Medical conditions: _____

Biological mother: ☐ Alive ☐ Deceased Age: _____

Medical conditions: _____

Siblings:

Brothers (how many) _____ Sisters (how many) _____

Any medical conditions of brothers: _____

Any medical conditions of sisters: _____

Sleep History

Have you ever been diagnosed with sleep apnea? ☐ Yes ☐ No

If yes, what treatment are you using? ☐ Untreated ☐ PAP therapy ☐ Oral appliance ☐ Inspire or other surgery

Have you been told that you stop breathing in your sleep? ☐ Yes ☐ No

Have you woken up gasping or choking for air? ☐ Yes ☐ No

Do you snore? ☐ Yes ☐ No

Do you wake up tired? ☐ Yes ☐ No

Do you wake up repeatedly throughout the night? ☐ Yes ☐ No If yes, number of awakenings: _____

Do you remember your dreams in the morning? ☐ Yes ☐ No

Do you fall asleep quickly? ☐ Yes ☐ No

Are you sleepy during the daytime? ☐ Yes ☐ No

What time to you go to bed: _____ What time do you wake up in the morning: _____

Do you take naps during the day? ☐ Yes ☐ No If yes, how many: _____

Do you have a history of increased limb movements at bedtime? ☐ Yes ☐ No

Do you have a history of 'creepy crawly' sensations in your legs at bedtime? ☐ Yes ☐ No

Do you have a history of restless leg syndrome or periodic limb movements? ☐ Yes ☐ No

Do you have a history of narcolepsy? ☐ Yes ☐ No

Do you have a history of sleep walking? ☐ Yes ☐ No

Are you on any sleep medications? ☐ Yes ☐ No If yes, what are you taking: _____

Are you on any pain medications? ☐ Yes ☐ No If yes, what are you taking: _____

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Epworth Scale

Gender: ☐ Male ☐ Female Height: _____ft _____in Weight: _____pounds Neck size: _____inches

Have you ever been diagnosed or treated for any of the following conditions?

☐ Lung disease (COPD) ☐ Sleep apnea ☐ REM behavior disorders
☐ Heart disease ☐ Restless leg syndrome ☐ Cranial facial abnormalities
☐ Stroke ☐ Insomnia ☐ Use of sleep medication
☐ Neuromuscular disease ☐ Narcolepsy ☐ Use of pain medication
☐ Pain or sleep medication name(s): _____

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate answer for each situation.

0 = would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

Activity	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place (theater, meeting, etc.)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch, without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Total score: _____

Current Medications

If you need more room, please feel free to attach an additional sheet of paper with your paperwork

Preferred pharmacy, with city: _____

Drug allergies with reactions: _____

Drug name	Dosage	Frequency

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

Sleep Questionnaire

Please answer the following questions to better assess your signs, symptoms, and possible diagnostic and treatment options.

Have you had a sleep problem diagnosed before? ☐ Yes ☐ No **If yes, please answer the following questions:**

When/where was your prior study performed? _____

What was the diagnosis? _____

Do you currently use PAP therapy? ☐ Yes ☐ No If yes, at what pressure(s): _____

Do you currently use an oral appliance? ☐ Yes ☐ No

If you are using an oral appliance, is this referral to evaluate the effectiveness of treatment? ☐ Yes ☐ No

Do you currently use home oxygen? ☐ Yes ☐ No If yes, do you use it: ☐ while sleeping ☐ continuously

Have you had a weight loss of 10% or greater since your previous study? ☐ Yes ☐ No

Are you being considered for bariatric surgery? ☐ Yes ☐ No

Are you being tested for sleep apnea be cause of a scheduled surgery? ☐ Yes ☐ No

Are you being tested for CDL, DOT or FAA purposes? ☐ Yes ☐ No

Do you snore? ☐ Never ☐ Sometimes ☐ Often ☐ Always

Do you ever awaken yourself snoring? ☐ Never ☐ Sometimes ☐ Often ☐ Always

Do you or has anyone observed you not breathing in your sleep? ☐ Never ☐ Sometimes ☐ Often ☐ Always

Do you awaken at night due to snorting/gasping or wake up short of breath? ☐ Never ☐ Sometimes ☐ Often ☐ Always

How long have your sleep symptoms been present (months/years)? _____

Over the past year, have the symptoms: ☐ Improved ☐ Remained the same ☐ Worsened

What time do you typically go to bed? _____ What time do you typically wake up? _____

On weekends, what time do you go to bed? _____ What time do you typically wake up? _____

Do you maintain the same daily sleep schedule? ☐ Yes ☐ No

Do you take naps? ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Daily ☐ Generally on weekends only

Do you feel your naps are refreshing? ☐ Yes ☐ No ☐ N/A If you nap, how long do you sleep for? _____

Are you sleepy when sitting still? ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Always

Have you ever had a near miss accident or at fault accident due to sleepiness while driving? ☐ Yes ☐ No

Are you currently following a diet plan? ☐ Yes ☐ No

Do you experience any of the following:

☐ Excessive daytime sleepiness	☐ Impaired cognition/difficulty concentrating	☐ Mood disorders
☐ Insomnia or difficulty falling asleep	☐ Waking up repeatedly throughout the night	☐ Sleep walking/talking
☐ Uncontrollable muscle weakness	☐ Hallucinations right before falling asleep	☐ Sleep paralysis
☐ Restless legs while falling asleep	☐ Moving your limbs while sleeping	☐ Seizures during sleep

Have you been diagnosed with any of the following or have difficulties with any of the following:

☐ High blood pressure	☐ Congestive heart failure	☐ Arrhythmias	☐ Stroke
☐ Pulmonary hypertension	☐ COPD	☐ Neuromuscular disease	☐ Narcolepsy
☐ Periodic limb movements	☐ Restless leg syndrome	☐ Hypoventilation syndrome	☐ Tonsillar hypertrophy
☐ Cranial/facial abnormalities	☐ Cognitive impairment	☐ Difficulty following instructions	☐ Oxygen dependent
☐ Use of opioid medication	☐ Use of sleep medication	☐ Excessive use of alcohol	☐ Implanted pacemaker

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

If you are **currently on PAP therapy or an oral appliance,** please complete the following questions:

☐ ***This section does not apply to me***

What year were you diagnosed with sleep apnea? _____ What year was your last sleep study done? _____

How many sleep studies have you had since your initial diagnosis? _____

Do you have a copy of your most recent sleep study report? ☐ Yes ☐ No

What therapy was recommended following your sleep study?

☐ CPAP/Auto CPAP ☐ BiPAP/Auto BiPAP ☐ ASV therapy ☐ Oral appliance ☐ UPPP ☐ Inspire

What therapy are you using?

☐ None ☐ CPAP/Auto CPAP ☐ BiPAP/Auto BiPAP ☐ ASV therapy ☐ Oral appliance ☐ UPPP ☐ Inspire

If you are not on therapy at this time, please let us know why:

☐ Never received/couldn't afford ☐ Wasn't able to tolerate pressures ☐ Device no longer working

☐ Need new supplies ☐ Other: _____

Do you feel therapy is beneficial? ☐ Yes ☐ No Will you continue to use therapy in the future? ☐ Yes ☐ No

When using therapy, do you snore? ☐ Never ☐ Sometimes ☐ Often ☐ Always

Prior to using therapy, did you snore? ☐ Never ☐ Sometimes ☐ Often ☐ Always

When using therapy, do you or have you been told you stop breathing while asleep?

☐ Never ☐ Sometimes ☐ Often ☐ Always

Prior to using therapy, did you or were you ever told you stop breathing while asleep?

☐ Never ☐ Sometimes ☐ Often ☐ Always

If you are **currently experiencing restless legs or previously been diagnosed,** please complete the following questions:

☐ ***This section does not apply to me***

Have you been diagnosed with restless leg syndrome (RLS) or periodic limb movement disorder (PLMD)? ☐ Yes ☐ No

If yes, what year were you diagnosed with RLS or PLMD? _____

Is the urge to move your legs associated with uncomfortable sensations in the legs? ☐ Yes ☐ No

With movement, do your symptoms: ☐ go away ☐ briefly improve ☐ remain the same ☐ no relief, regardless

How long before going to bed do your symptoms generally start (minutes/hours)? _____

Do your symptoms sometimes occur during the day? ☐ Never ☐ Sometimes ☐ Often ☐ Always

In recent months, have your symptoms become more prominent during the day? ☐ Yes ☐ No

If you rub your legs, does it provide any relief? ☐ Yes ☐ No ☐ A little

Does walking provide any relief? ☐ Yes ☐ No ☐ A little

Have you tried any of the following medications to help improve your symptoms?

☐ Klonopin ☐ Mirapex ☐ Requip ☐ Carbidopa ☐ Gabapentin ☐ Hydrocodone ☐ Ativan ☐ Neupro

Are you currently using any of the following medications to help improve your symptoms?

☐ Klonopin ☐ Mirapex ☐ Requip ☐ Carbidopa ☐ Gabapentin ☐ Hydrocodone ☐ Ativan ☐ Neupro

If you are taking medication to help your symptoms, do you feel it is beneficial? ☐ Yes ☐ No ☐ Sometimes

Have your symptoms progressed in intensity? ☐ Yes ☐ No

Do you have compulsive behaviors that have evolved since starting medication? ☐ Yes ☐ No ☐ Sometimes

LONE STAR PULMONARY AND SLEEP SPECIALISTS

Faisal Saeed, MD (Pulmonologist) & Sidra Saeed, MD (Sleep Medicine Specialist)

Patient name: _____ DOB: _____

If you are **currently experiencing unexplained excessive daytime sleepiness,** please complete the following questions:

☐ ***This section does not apply to me***

How long have you been experiencing unexplained excessive daytime sleepiness (months/years)? _____

Have you previously been diagnosed with any of the following? ☐ Narcolepsy ☐ Idiopathic hypersomnia

Have you tried any of the following medications to help improve your symptoms?

☐ Adderall ☐ Provigil ☐ Nuvigil ☐ Cylert ☐ Dexedrine ☐ Ritalin ☐ Zyram ☐ Anafranil ☐ Vivactil

Are you currently using any of the following medications to help improve your symptoms?

☐ Adderall ☐ Provigil ☐ Nuvigil ☐ Cylert ☐ Dexedrine ☐ Ritalin ☐ Zyram ☐ Anafranil ☐ Vivactil

If you are taking medication to help your symptoms, do you feel it is beneficial? ☐ Yes ☐ No ☐ Sometimes

Have your symptoms progressed in intensity? ☐ Yes ☐ No

Does increasing your sleep time improve your daytime sleepiness? ☐ Yes ☐ No ☐ Sometimes

If you awaken to use the restroom, do you have difficulty falling asleep afterwards? ☐ Yes ☐ No ☐ Sometimes

Do you awaken at night due to pain or discomfort? ☐ Yes ☐ No ☐ Sometimes

If you are unable to sleep, do you do any of the following?

☐ Lay in bed trying to sleep ☐ Get out of bed and try to sleep in a different room ☐ Read ☐ Watch TV ☐ Eat

☐ Clean the house ☐ Play on the computer ☐ Other: _____

If you are **currently having trouble falling asleep or remaining asleep,** please complete the following questions:

☐ ***This section does not apply to me***

What are you having trouble with? ☐ Initiating sleep ☐ Maintaining sleep ☐ Initiating and maintaining sleep

How many hours at night to you normally sleep? _____

Does increased sleep time improve your daytime sleepiness? ☐ Yes ☐ No ☐ Sometimes

If you awaken to use the restroom, do you have difficulty falling asleep afterwards? ☐ Yes ☐ No ☐ Sometimes

If you try to take a nap, are you able to fall asleep? ☐ Yes ☐ No ☐ Sometimes

Have you tried any of the following medications to help improve your symptoms?

☐ Ambien ☐ Lunesta ☐ Trazadone ☐ Belsomra ☐ Melatonin ☐ Silenor ☐ OTC sleep aids

Are you currently using any of the following medications to help improve your symptoms?

☐ Ambien ☐ Lunesta ☐ Trazadone ☐ Belsomra ☐ Melatonin ☐ Silenor ☐ OTC sleep aids

If you are taking medication to help your symptoms, do you feel it is beneficial? ☐ Yes ☐ No ☐ Sometimes

Have your symptoms progressed in intensity? ☐ Yes ☐ No ☐ Sometimes

If you are unable to sleep, do you do any of the following?

☐ Lay in bed trying to sleep ☐ Get out of bed and try to sleep in a different room ☐ Read ☐ Watch TV ☐ Eat

☐ Clean the house ☐ Play on the computer ☐ Other: _____

Additional comments regarding your sleep condition: _____

_____

_____

_____

3200 Colorado Blvd #200 * Denton, TX 76210
Phone: (940) 381-0971 * Fax: (940) 387-2563
Lonestarpulmonarysleep@gmail.com