



PATIENT QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS BELOW:

1. What problems do you have that led to this sleep study evaluation?

2. What time do you go to bed?

3. How long does it usually take for you to fall asleep?

4. How many times do you awake after falling asleep?

REASONS:

- Need to urinate
- Shortness of breath
- Palpitations (fast heartbeat)
- Anxiety
- Other

5. Do you snore?

- YES
- NO
- DON'T KNOW

Describe your snoring:

- Light
- Occasional
- Constant
- Heavy
- Other

6. While sleeping are you ever observed to stop breathing, choke, or gasp for air? Please describe...

7. What time do you wake up?

8. How do you feel in the morning upon waking?

- Refreshed
- Groggy
- Sleepy
- Fatigued
- Other: Explain _____

9. Do you ever awake with headaches?

- YES
- NO

10. Do you ever awaken with:

- Chest Pain
- Heartburn
- Dry mouth
- Nasal congestion

11. How do you feel most days, at home or at work?

- Always alert
- Alert when I am active, but
- sleepy/fatigued during quiet or boring activities
- Frequently sleepy/fatigued

Other; Explain: _____



12. Do you fall asleep with quiet activities such as reading or watching television?
 YES NO

13. Do you fall asleep easily with purposeful activities (i.e., talking, eating)?
 YES NO

14. Do you ever get a sudden muscular weakness or even brief periods of paralysis (being unable to move) when laughing, angry, or in situations of strong emotions?
 YES NO

15. Do you take naps?
 YES NO
 If yes, how often? _____
 How long? _____

16. Do you get sleepy while driving?
 YES NO

17. Have you ever had an accident or “near miss” from falling asleep?
 YES NO

18. While waiting to fall asleep do you feel an unsettled or restless sensation in your legs?
 YES NO

19. To rate your degree of sleepiness during the day, please respond by how likely you are to doze off or fall asleep during the day in the following situations, in contrast to just feeling tired.

- 0= NEVER
- 1= SLIGHT CHANCE
- 2=MODERATE CHANCE
- 3=HIGH CHANCE

EPWORTH SLEEPINESS SCALE

- | | | | | |
|--|---|---|---|---|
| 1. Sitting and reading | 0 | 1 | 2 | 3 |
| 2. Watching television | 0 | 1 | 2 | 3 |
| 3. Sitting inactive in public place (i.e., a theater or meeting) | 0 | 1 | 2 | 3 |
| 4. As a passenger in a car for an hour without a break | 0 | 1 | 2 | 3 |
| 5. Lying down to rest in the afternoon when circumstances permit | 0 | 1 | 2 | 3 |
| 6. Sitting quietly after lunch without alcohol | 0 | 1 | 2 | 3 |
| 7. Sitting and talking with someone | 0 | 1 | 2 | 3 |
| 8. In a car, while stopped for a few minutes in traffic | 0 | 1 | 2 | 3 |

PLEASE ADD THE TOTAL SCORE_____



PAST MEDICAL HISTORY

20. Do you have any of the following?

- High blood pressure
If yes how many years? _____
- Heart Disease
- Diabetes
If yes how many years? _____
- Nasal allergies or hay fever
- Trouble breathing through your nose
- Asthma
- Emphysema or Chronic bronchitis
- Strokes
- Thyroid problems
- Anxiety
- Depression
- Physical or emotional trauma

SOCIAL HISTORY

21. Are you currently:

- Employed
- Retired
- On Disability
- Out of work

OCCUPATION: _____

22. Do you drink alcohol?

- YES NO

If yes, how much? _____

23. Do you currently use:

- Tobacco
- Cannabis
- None of the above

24. Do you exercise?

- YES NO

25. Is there a family history of sleep problems?

- YES NO

26. Please list any other medical problems you have:

27. Have you ever had tonsils or adenoids removed? Other surgeries on the nose, mouth, or throat?

- YES NO

28. Please list medications:

PHARMACY: _____

ALLERGIES: _____

Sirish Nakka, MD, Inc.

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Website: www.sleephealthmd.com

Patient Portal: <https://2256.portal.athenahealth.com/>

SLEEPINESS AND DRIVING

Excessive daytime sleepiness (EDS) is the result of many different sleep problems and it can cause impaired human performance. We are obligated to inform you about EDS due to the potential for increased accidents and injuries.

If you fall asleep while driving and you get into an accident, there is an 86% chance that someone will die. Every year over 100,000 automobile accidents and 1,500 automobile fatalities are related to someone driving while they are fatigued and sleepy. These are conservative estimates and the actual numbers are most likely greater. Obviously, it is dangerous to be sleepy in any situation that requires alertness. EDS represents a significant health hazard that you need to understand. Please don't become a statistic!

I recommend that you drive only when fully alert. If you become drowsy while driving, you should pull off the road safely. Return to driving only when you are clearly awake. Some people find a brief nap, a brisk walk, or a cup of coffee will help to become more alert.

There are significant legal and social obligations associated with the safe operation of your motor vehicle. You need to inform us if you are unable to follow our recommendations regarding driving and sleepiness.

Share this information with a friend and you may save his or her life.

Please date and sign below indicating that you have read and understand this information.

PATIENT SIGNATURE

DATE



Sleep Health MD Notice of Privacy Practices

Effective date, January 1, 2018

This notice describes how your medical information may be used and disclosed (provided to others) and how you can get access to this information. Please review this notice carefully.

This Notice of Privacy Practices explains how Sleep Health MD, its staff members and employees may use and provide your Protected Health Information (called PHI) to others for treatment, payment, and clinical “operations” as described below, and for other purposes allowed or required by law.

I. OUR PLEDGE:

Sleep Health MD takes the privacy of your health information seriously. We create a record of the care and services you receive to provide quality care to comply with legal requirements. We are required by law to keep your health information private and provide you with this Notice of Privacy Practices. We will act according to the terms of this Notice. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for all Protected Health Information that we keep.

II. WHAT IS “PROTECTED HEALTH INFORMATION” (PHI)?

Protected Health Information (PHI) is information about a patient’s age, race, sex, and other personal health information that may identify the patient. The information relates to the patient’s physical or mental health in the past, present, or future, and to the care, treatment, and services needed by a patient because of his or her health.

III. WHAT DOES “CLINICAL OPERATIONS” INCLUDE?

“Clinical operations” includes activities such as discussions between staff and other health care providers; evaluating and improving quality; reviewing the skills, competence, and performance of staff; training future staff; dealing with insurance companies; carrying out company/employee reviews and auditing; collecting and studying information that could be used in legal cases; and managing business functions.

IV. HOW IS MEDICAL INFORMATION USED?

Sleep Health MD uses medical records to record health information, to plan care and treatment.

V. EXAMPLES OF HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS:

Medical information may be used to show that a patient needs certain care, treatment, and services (such as lab tests, prescriptions, and treatment plans).

We will use medical information to plan treatment.

We may disclose Protected Health Information to another provider for treatment (such as referring doctors, and specialists).

We may fill out your requested claims for your insurance company containing medical information.

We may use the emergency contact information you gave us to contact you if the address we have on record is no longer correct.

We may contact you to remind you of your appointment by calling or emailing you.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give our medical information about you, without prior authorization for public health purposes, health oversight audits or inspections and emergencies.

We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders or other legal process.

We may use or disclose health information about you for research purposes, subject to a special approval process.

VI. WHY DO I HAVE TO SIGN A CONSENT FORM?

When you sign the Consent for Release of Information, you are giving Sleep Health MD permission to use and disclose (provide to others) Protected Health Information for treatment, payment, and clinical operations, as described above. You will need to sign a separate consent form to have Protected Health Information given out for any reason other than treatment, payment, or health care operations or as required or permitted by law.

VII. CAN I CHANGE MY MIND AND WITHDRAW PERMISSION FOR SLEEP HEALTH MD TO DISCLOSE PHI?

You may change your mind and withdraw (revoke) permission, but we cannot take back information that has been released up to that point. All requests to withdraw permission for uses and disclosures of PHI should be made in writing.

VIII. YOUR PRIVACY RIGHTS

The following explains your rights with respect to your Protected Health Information (called PHI) and a short description of how you may use these rights.

1. You have the right to review and to ask for a copy of your health information. This means that except as explained below, you may review and get a copy of your PHI that is contained in a “designated record set” as long as we keep the PHI. A designated record set contains medical and billing records and any other records that Sleep Health MD uses to make decisions about your care. You may not read or be given a copy of information collected for use in a civil, criminal, or administrative action, or court case; and certain PHI that is protected by law. In some situations, you may have the right to have this decision reviewed. If needed and at your request, Sleep Health MD may provide an electronic copy of your record if Sleep Health MD is able to do so. A fee will be charged for requesting a copy of your records.

2. You have the right to request that access to your health information be limited. This means you may ask us to restrict or limit the medical information we use or disclose for treatment, payment, or clinical operations (described above). Sleep Health MD is not required to agree to a restriction that you ask for. We will tell you if we reject your request. If we do agree to the requested restriction, we will not violate that restriction unless it must be violated to provide emergency treatment.

3. You have the right to request to receive private communications in another way or at other locations.

We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box.

4. You have the right to request access and changes to your health information. In most cases, you have the right to look at or get a copy of medical information that we used to make decisions about your care when you submit a written request. You may ask for changes to be made (amended) in PHI about you in a designated record set for as long as we keep this information. We may deny your request to amend a record if the information is not maintained by us; or if we determine that your record is accurate. A request must be submitted in writing.

5. You have the right to receive a record of when your health information has been disclosed by Sleep Health MD.

You have the right to request a record (accounting) of when Sleep Health MD has disclosed your PHI except for uses and disclosures for treatment, payment, and clinical operations, circumstances in which you have specifically authorized such disclosure, and certain other exceptions.

Requests for records about Sleep Health MD’s disclosures of your PHI may not be made for time periods of more than six (6) years or it could be an earlier time period depending upon what the law requires.

6. You have the right to receive a paper copy of this Notice of Privacy Practices.

CHANGES TO THIS NOTICE

We may change our policies at any time. Changes will apply to medical records we already hold, as well as new information after the change occurs. You can receive a copy of the current notice at any time.

BUSINESS ASSOCIATES

The Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the protected health information it receives or creates on behalf of SHMD. The satisfactory assurances must be in writing, whether in the form of a contract or other agreement between SHMD and the business associate.

WHAT IF I HAVE A QUESTION OR COMPLAINT?

If you believe your privacy rights have been violated, you may file a complaint by contacting the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the U.S. Department of Health and Human Services is:

Centralized Case Management Operations,
U.S. Department of Health and Human Services,
200 Independence Avenue, S.W. Room 509F HHH Bldg, Washington, D.C. 20201

1-800-368-1019

TDD: 1-800-537-7697

<https://ocrportal.hhs.gov/>

