



BREATHE WELL SLEEP SOLUTIONS

Patient's Name _____ Date _____

PATIENT MEDICAL HISTORY

Primary Care Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Date of Last Visit _____

Chief Concern: _____

Medications:

1. _____

Reason for taking medication:

2. _____

3. _____

4. _____

5. _____

Allergies:

1. _____

Reaction to Allergen:

2. _____

3. _____

4. _____

5. _____

Major Illnesses or Surgeries

Date of Illness or Surgery:

1. _____

2. _____

3. _____

4. _____

5. _____

Medical concerns within the last 12 months _____

Circle any of the conditions below that pertains to the patient:

Abnormal	Dizziness	HIV/AIDS
Bleeding/Hemophilia	Epilepsy	Kidney Problems
Anemia	Gastrointestinal Disorders	Nervous Disorders
Arthritis	Heart Disease	Pneumonia
Asthma or Hayfever	Heart Murmur	Radiation/Chemotherapy
Bone Disorders	Hepatitis/Liver Problems	Rheumatic Fever
Congenital Heart Defect	Herpes	Tuberculosis
Diabetes	High Blood Pressure	Cancer/Tumor

Other Condition Not Listed: _____

Prenatal/Postnatal Questions

Were there any complications during pregnancy? _____

How many weeks old was your child delivered? _____

Were there any complications during birth? _____

Was your child delivered vaginally or surgically? _____

Was your child ever diagnosed/treated with a tethered tongue/tongue tie? _____

What symptoms prompted the diagnosis/treatment? _____

Was there any relief of symptoms after the procedure? _____

How long was your child able to breastfeed? _____

Did your child use a pacifier regularly after 6 months of age? _____

If so, what was the duration of use? _____

Did your child suck on their thumb? _____

If so, what was the duration of use? _____

Does your child have a history of nasal congestion prohibiting nasal breathing? _____

Did your child have difficulties with speech? _____

If so, was a speech therapist utilized? _____

Did your child have difficulties with any other neurological/growth milestone? _____

If so, please describe. _____

Signature of Parent/Legal Guardian _____

Date _____