

# Iowa Sleep

DISORDERS CENTER

(515) 225-0188

(800) 226-6084

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. The reason you have come to the Iowa Sleep Disorders Center.

\_\_\_\_\_

2. How did you hear about us? If you were referred by a current patient, please give us their name so we may thank them.

\_\_\_\_\_

3. What is your primary problem with sleep?

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any allergies? Please list.

\_\_\_\_\_

\_\_\_\_\_

5. Please list below the names and doses of all medications you are taking. Include how often and for what reason. Please include over-the-counter and herbal medication also. If you do not take any, please write "none". Continue on back if needed.

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