



(515) 225-0188  
(800) 226-6084

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

1. What is the reason you have come to Iowa Sleep? Please include your specific sleep concerns.

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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.

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3. Do you have any allergies? Please list medication and non-medication allergies such as seasonal and environmental (i.e. tape, latex). If you do not have any, please write "none".

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4. List the names of all prescription and over-the-counter medications you are currently taking. Include the dose, frequency, and for what reason. [Example Lunesta 3 mg at bedtime for sleep] If you do not take any medications, please write "none". Continue on backside if needed.

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