

Sleep Lab at SSM Health St. Mary's Hospital
400 North Pleasant Avenue
Centralia, IL 62801
Phone: 618-436-8635

Sleep Lab at SSM Health Good Samaritan Hospital
2 Good Samaritan Way, Suite 400
Mt. Vernon, IL 62864
Phone: 618-899-3640

Pediatric Sleep Program

Please fill out and bring with you to sleep study/ office visit.

Date:
Patient's name:
Address:

Parent's name:
Referring Doctor:
Current sleep problems:

Date of study:
DOB:
Phone:
Cell:
Work:
Referral Phone:

Please answer YES or NO.

Does your child:

Snore?

Yes	No	Loudly?	Yes	No	Continuously?
Yes	No	Have noisy breathing?	Yes	No	Change color?
Yes	No	Have AWAKE breathing problems?	Yes	No	Turn pale?
Yes	No	Become congested?	Yes	No	Turn blue?
Yes	No	Have frequent colds?	Yes	No	Stop breathing?
Yes	No	Cough or wheeze at night?	Yes	No	Gasp for air?
Yes	No	Have GI reflux?	Yes	No	Receive oxygen?

Sleep or health problems?

Yes	No	Attention problems?	Yes	No	Bedwetting
Yes	No	Frightening dreams?	Yes	No	Leg pains
Yes	No	Tooth grinding?	Yes	No	Head banging
Yes	No	Humming while falling asleep?	Yes	No	Body rocking
Yes	No	Sleepy during the day?	Yes	No	Night sweats
Yes	No	Difficulty falling asleep?	Yes	No	Night walking
Yes	No	Difficult to awaken?	Yes	No	Hyperactivity
Yes	No	Wake during the night?	Yes	No	Stomach pain
Yes	No	Very emotional or anxious?	Yes	No	Overweight
Yes	No	Fall asleep at inappropriate times?	Yes	No	Sleep at school
Yes	No	Sleep through the night?			

If you answered YES to any questions, please specify:

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SLEEPING INFORMATION

What time does child:

Go to sleep?	Weekdays:	Weekends:
Awaken?	Weekdays:	Weekends:

Naps:

Length?	# per day?
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Does the child:

Yes	No	Sleep in their own room?	Yes	No	Sleep with parents?
Yes	No	Share a room with siblings?	Yes	No	Share a bed with siblings?
Yes	No	Sleep in bed/crib?	Yes	No	Sleep with lights on?
Yes	No	Listen to music to fall asleep?	Yes	No	Watch TV to fall asleep?

MEDICAL HISTORY

Height: Weight: (approximate if not known)

Previous hospitalizations and diagnostic testing (year and diagnosis):

Tonsil and adenoid removal (when and where):

Previous surgeries:

Current medications (drug and dosage):

Allergies:

FAMILY HISTORY

Sleep disorders (what and whom):

Asthma or other lung disease (what and whom):

Other: