



Sleep Breathing Disorders in Children and Adults

History

- Headache, migraine
 - frequency _____
 - Time of occurrence day___night___random_____
 - How many hours a day_____
 - How many times a month _____
- TMJ pain
- TMJ clicking, R_____L_____
- History of sore throat
- History of post-nasal drip, sinus infection
- History of allergies
- Asthma
- History of ear infection, how often_____ treated by_____ what dr._____
- History of Croup
- History of nighttime terror
- History of acid reflux
- Feel tired often, what time of the day_____
- Feel like taking a nap
- Doze off easily
- Picky about food, what food you like to avoid _____
- Slow eater
- Can not swallow pills easily
- Fibromyalgia
- History of unexplained moderate to severe facial pain for prolonged periods of time.
- History of getting Botox injection for treatment of bruxism, migraine, or other neuralgia
- Restless leg syndrome
- Diabetes
- High blood pressure
- Cardiovascular disease
- History of getting severe cold/flu like symptoms more than 1-2 times a year.
- History of ADHD diagnosis, or were told borderline ADHD
- History of epilepsy /seizures Frequency_____
- History of Autism Range_____
- History of frequent cavities

- History of speech problems;
Was in speech therapy _____ recommended to seek speech therapy help_____
- History of delayed speech
- History of palatal expander
- History of premolar extraction for braces
- History of using headgear
- History of prolonged orthodontic treatment (more than 2 years) or multiple treatment
- Having a difficult time in a dental chair for dental procedures: feel like choking or inability to breath
- History of seeing chiropractor frequently for head and neck adjustment

Questions for pre-school and school age kids:

- History of inability to latch during nursing or mom has difficulty breast feeding.
How long did mom breast feed? _____ months
- The child usually requires more attention from supervising adults, inability to sit still, listen, and require more disciplinary actions without improvement.
- Inability to pay attention during class
- Difficulty to sit still during class
- Behind in schooling and were told by teachers to get help
- Difficult hearing teachers/parents (parents please note if your child often does not respond if you speak in normal volume.)
- Feel like falling asleep during class
- Repeated a grade _____

Breathing

1. Breath through mouth Constant affected by seasonal allergy affected by Asthma affected by cold or sinus infection
2. Difficulty breath through one nostril Right_____ Left_____
3. use of any nasal device during day or night time

Sleep Pattern

1. Sleep on the back Sleep on the side Sleep on tummy
2. Sleep with head extended really far back
3. Snoring Gasping for air
4. Stopped breathing
5. Grinding
6. Difficulty falling asleep
7. Getting up often
8. Getting up often to urinate
9. History of bed wetting
10. Difficulty stay asleep
11. How many hours of sleep _____ what time to what time?
12. Need sleep medication for help? _____

