

CLIENT: _____ AGE: _____ TODAY'S DATE: ____/____/2010

Thank you very much for providing this information—We are looking forward to helping you!

Please list the specific difficulties or symptoms (Sx) you experience that you think are related to your daytime breathing ability, nighttime breathing ability, and your ability to sleep. Note: Symptoms are the “effects” brought on by specific causes. Events such as emotional stresses, physical traumas, illnesses/conditions, and surgeries can cause specific symptoms that affect our health and ability to heal.

Examples of Sx may include: *inability to exercise, shallow breathing, held breath, immobility at one or more joints or areas of the body, dizziness, headaches, fatigue after eating, depression, frequent napping, muscle or joint pain, snoring, gasping during sleep (“starting”), frequent waking, waking to peeing at night, incontinence, waking pain, heart issues, exhaustion, temperature or circulation issues. Particular diagnoses can also be listed as a Sx. Please list Sx in the order of most concern.*

Sx I'm most concerned about: _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx I'm secondly most concerned about: _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx I'm thirdly most concerned about: _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

What activities in you daily life are affected?

Sx get worse...

Sx get better...

What treatments used--past or present--were or were not successful?

How does the Sx 'make' you feel?

In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

How has Sx changed since its onset?

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In what specific ways would your life be different or better if this Sx were successfully resolved?

Sx _____

Time of Sx's onset and its cause:

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