



2315 W. 57th Street
Sioux Falls, SD 57108
(605) 336-3503
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Please check any of the symptoms you may experience:

- | | |
|--|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Inability to fall asleep or stay asleep |
| <input type="checkbox"/> Mouth breathing | <input type="checkbox"/> Restless leg syndrome (urge to move legs, especially at night) |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Restless sleeping, kicking, jerking, during sleep |
| <input type="checkbox"/> Night time nasal congestion | <input type="checkbox"/> Feeling fatigued upon awakening despite a full nights sleep |
| <input type="checkbox"/> Morning headaches | |
| <input type="checkbox"/> Daytime drowsiness | |
| <input type="checkbox"/> Inability to concentrate | |

If you have checked 3 or more of these, please present this to the medical assistant when you are roomed so the physician can discuss it with you today.