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Review of the System Questions

Name:

Date:

Please answer yes if you experienced any of bellow symptoms in the past month.
 When in doubt you can discuss later with the doctor.

Symptom	Yes	No	Symptom	Yes	No
Changes in the weight (6 month)			Anxiety/ feeling worried often		
Fatigue during the day			Problems with concentration		
Pain			Problems with memory		
Headache			Difficulty doing your job at work		
Double Vision			Irritability		
Head Injury (1 year)			Nasal or seasonal Allergies		
Repetitive behaviors in the night			Recurrent infections		
Dry mouth in the morning			Audible breathing		
Stuffy Nose in the morning			Breathing pause in the sleep		
Nasal Polyps (ever)			Shortness of breathing		
Nasal injury or operation (ever)			Significant coughing in the night		
Any head and neck surgery in the past			Heart pounding in night		
Morning hoarseness in the voice			Profuse sweating in night		
Post nasal secretions			Feeling acid in the throat during sleep		
Choking or gasping for air in the night			intestinal bloating/ diarrhea and constipation periods		
Snoring			Going more than once to bathroom in the night		
Awakening with a snort			Loss of sexual interest		
Feeling tired after you wake up			Problems with erection		
Excessive Sleepiness			Problems with monthly periods		
Waking up while confused			Inability to tolerate hot or cold environment		
Talking in the sleep			Growth of hair in excess or where it does not belong		
Walking in the sleep			Large bruises that comes easy		
Kicking or jerking legs/hands in the sleep			Excessive bleeding		
Moving limbs in the sleep			Paleness or Anemia		
Doing violent behavior in the sleep			Having large lymph glands or bump		
Sleeplessness (Can't sleep)			Swelling in the legs		
Loosing body tone after being excited			Redness or dryness of skin		
After waking up feeling that cannot move					
Seeing unreal thing before falling asleep					
Nightmares					
Depressed mood (last 6 weeks)					