



Sleepwatchers, LLC
50 S. Milwaukee Avenue
Suite 201
Lake Villa, IL 60046
Phone (847) 838-WAKE
Fax (888) 608-0343

INSTRUCTIONS FOR PATIENT INTAKE COMPLETION

This account will allow you to view appointments, billing statements, medical records (Test Results), and more! You can also send us secure messages regarding your healthcare. And finally, whenever we have a form for you to sign, we will post it in there, too.

- 1) **PORTAL REGISTRATION:** In order to register for our Patient Portal, we must send you an email with an invitation. If you have already requested one, you should have received an email from DoNotReply@MyPortal.MD. Please click on the link to register by entering your name, date of birth, and a new username and password.

SLEEPWATCHERSLLC Registration Email - Dear Please Click here to complete registration process. Please click here if you already have a username and password Best Regards, Allegiance... 12:20 PM

Registration Email Trash x

SLEEPWATCHERSLLC <NOREPLY@myportal.md> to me ▾

Dear PATIENT
Please [Click here](#) to complete registration process.
Please [click here if you already have a username and password](#)
Best Regards,
AllegianceMD Support Team

12:20 PM (9 hours ago)

[Reply](#) [Forward](#) [Smile](#)

- 2) **SIGNING INTAKE FORMS:** Once you are registered and you login, the first thing you will see is the DASHBOARD.

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Welcome Back, PATIENT!

 0 New Messages	 0 Labs	 0 Health Maintenance	 8 Statements
 0 Appointments	 5 Documents		

Please click on DOCUMENTS to sign your Intake Forms. Here you will see a list of all of the forms we need signed in order to receive services. Please choose SIGN at the right (INSERT SIGN ICON) and it will open the first document to be signed.

Name	Date	
Credit Card on File Agreement	01-29-2026	Sign ⚙️
Consent	01-29-2026	Sign
Communications & Appointments	01-29-2026	Sign

You should read through the document, then sign your name in the box below and then click APPLY SIGNATURE. Once signed, you will also have to click SUBMIT. Then, you will be taken back to your list of DOCUMENTS to be signed. Please be sure to sign ALL documents in this list or we will be unable to schedule you for services.

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Patient Name: _____ DOB: _____

FINANCIAL AGREEMENT

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY: I agree to allow Sleepwatchers to bill my health insurance company for services rendered and request the assignment of insurance benefits be made to Sleepwatchers. While Sleepwatchers makes every effort to verify insurance coverage and benefits prior to rendering services, it is ultimately my responsibility to obtain any pre-authorization required by the insurance carrier. When notified of insurance status prior to the date of service, Sleepwatchers may agree to accept in-network benefits despite an out-of-network policy on a case-

Sign Name

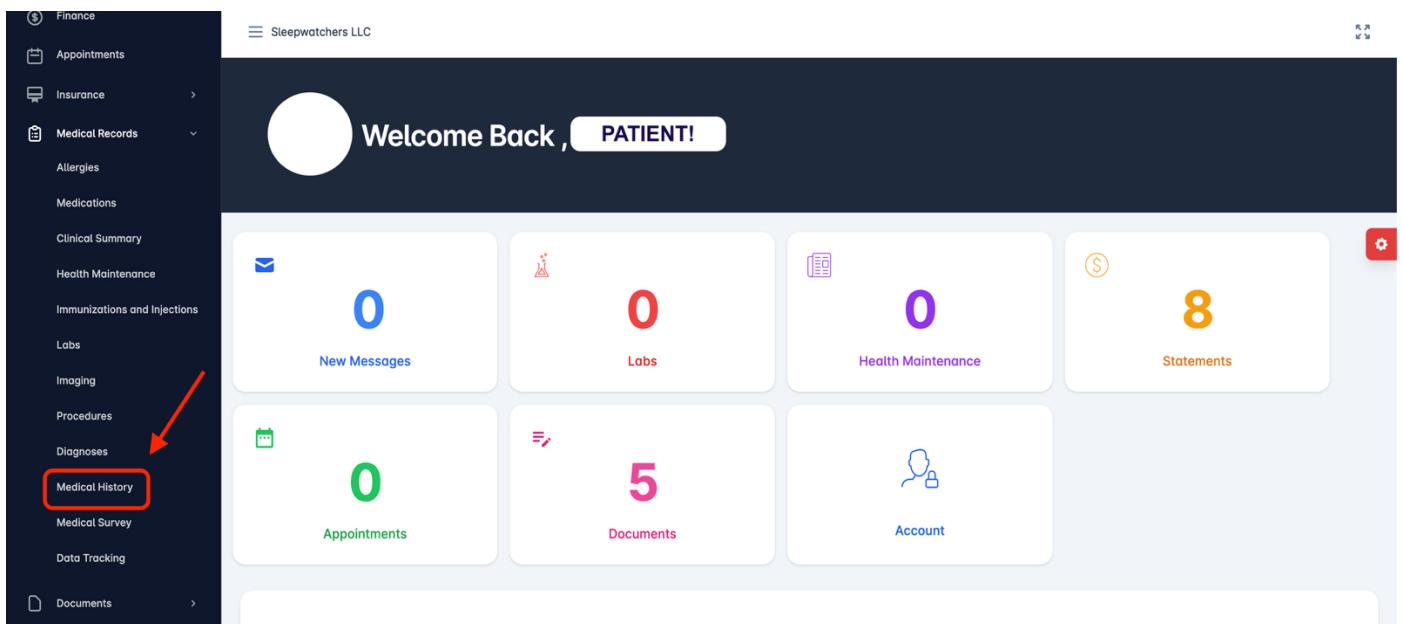
clear Apply Signature #2

Sign Document #3

3) **COMPLETING MEDICAL HISTORY:** For NEW patients or EXISTING patients who have not been seen in over a year, we will need a Medical History completed and/or updated. At the TOP-LEFT of the Patient Portal, you will see a hamburger icon:



Please click the icon to open a menu of options. From this list, you will choose MEDICAL RECORDS and then click on MEDICAL HISTORY.



You will need to answer each question as indicated (i.e. YES / NO and add explanations as necessary. Then, click SAVE & NEXT until all sections are completed.

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Medical History

Category	Question	Answer	Comment	Last Updated Date
Medical History	Have you ever had or been diagnosed with the following?	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>		
Social History	Sleep Apnea	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>		
Sleep Hygiene	Insomnia	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>		
Sleep Symptoms	Headaches / Migraines	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>	past history of migraine , last episode 2005	
Psychological History	Epilepsy/Seizures	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>	write comment...	
	Stroke	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>	write comment...	
	Diabetes	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>	Diagnosed in 2021	
	High Cholesterol	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="N/A"/>	write comment...	

1. Please select Yes or No for all questions 

2. Add explanations as necessary 

3. Click for Next Section 

4) **UPLOADING DOCUMENTS & PICTURES:** Please use the following link to send us documents including State IDs, Insurance Cards, Prescriptions, Sleep Study Results, or other documents: <https://tinyurl.com/SW-Upload-Here>

Once you have signed all DOCUMENTS, completed the MEDICAL HISTORY section, and sent us your INSURANCE CARDS & ID, you are all done! Thank you for your patience while we gather the necessary information to begin helping you sleep and feel better!

*Sleep well...
The Staff at Sleepwatchers*