MOUNTAINS TMJ & DENTAL SLEEP MEDICINE

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Sleep Disorders Screening

Patient Name: _____ **Date:** ____/____/_____

Address: _____ **DOB:** ____/____/_____

Section 1: Patient Evaluation

Fill in the blanks, tick one yes or no response for each question

		No	Yes
BMI (See Attached Chart):	_____ Is it greater than or equal to 30?	❑	❑
Neck Circumference	_____ Is it ≥43cm (Men) or ≥38cm (Women)?	❑	❑
Have you gained 6kg or more in the past 6 months?		❑	❑

Section 2: Subjective Sleep Evaluation

Please tick one yes or no response for each question

	No	Yes
Do you snore?	❑	❑
You, or your spouse, would consider your snoring louder than a person talking	❑	❑
Does your snoring occur most nights	❑	❑
Your snoring is bothersome to your bed partner	❑	❑
Do you feel that in some way your sleep is not refreshing or restful?	❑	❑
Do you wake up at night or in the mornings with headaches?	❑	❑
Do you experience fatigue during the day and have difficulty staying awake?	❑	❑
Do you have trouble remembering things or paying attention during the day?	❑	❑
Do you have high blood pressure?	❑	❑

Section 3: Prior Diagnosis

Fill in the blanks, tick one yes or no response for each question

	No	Yes
Have you previously been diagnosed with sleep apnea?	❑	❑

If Yes:

When were you diagnosed? (Approx mo/yr) _____

Were you recommended CPAP Therapy for treatment? _____

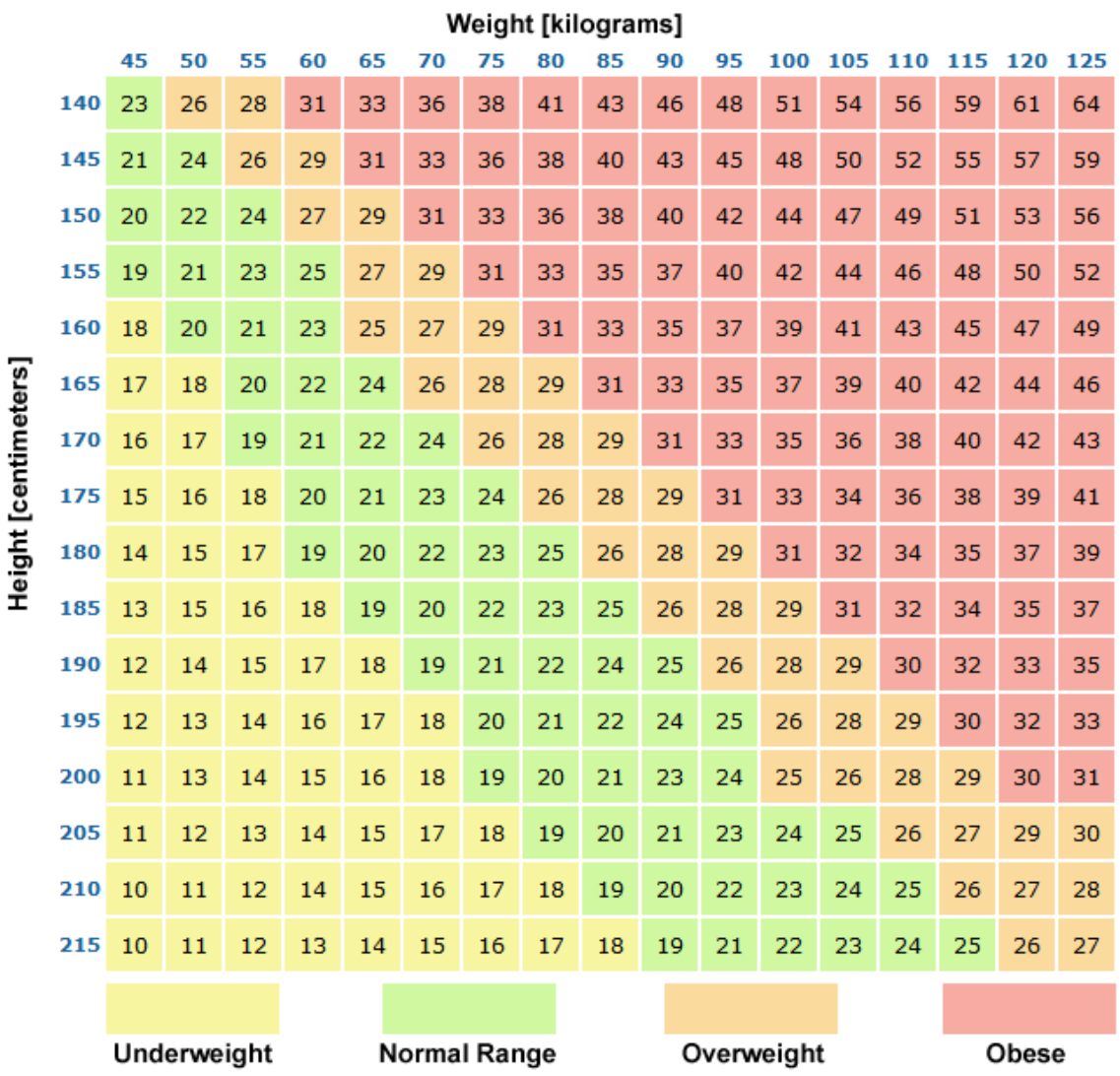
Are you still using your CPAP every night? _____

Notes: (Please add any notes regarding snoring, sleep patterns or sleep apnea that you feel may be appropriate.)

OFFICE USE ONLY

Pt. Eval _____ Subjective Sleep Eval _____ Prior OSA Diagnosis _____ Referral Recommended ❑

BMI Chart



Height [cm]	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125
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145	21	24	26	29	31	33	36	38	40	43	45	48	50	52	55	57	59
150	20	22	24	27	29	31	33	36	38	40	42	44	47	49	51	53	56
155	19	21	23	25	27	29	31	33	35	37	40	42	44	46	48	50	52
160	18	20	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49
165	17	18	20	22	24	26	28	29	31	33	35	37	39	40	42	44	46
170	16	17	19	21	22	24	26	28	29	31	33	35	36	38	40	42	43
175	15	16	18	20	21	23	24	26	28	29	31	33	34	36	38	39	41
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185	13	15	16	18	19	20	22	23	25	26	28	29	31	32	34	35	37
190	12	14	15	17	18	19	21	22	24	25	26	28	29	30	32	33	35
195	12	13	14	16	17	18	20	21	22	24	25	26	28	29	30	32	33
200	11	13	14	15	16	18	19	20	21	23	24	25	26	28	29	30	31
205	11	12	13	14	15	17	18	19	20	21	23	24	25	26	27	29	30
210	10	11	12	14	15	16	17	18	19	20	22	23	24	25	26	27	28
215	10	11	12	13	14	15	16	17	18	19	21	22	23	24	25	26	27