

ADULT SLEEP & BREATHING SCREENING 02-27-19

Name _____ DOB _____ Age _____ Date _____

DIAGNOSIS & TREATMENT FOR OSA

Have you ever had a sleep test administered? Yes No If yes, when?

Have you been diagnosed with Obstructive Sleep Apnea (OSA)? Yes No

If yes, do you currently use a CPAP or Sleep Appliance to treat your OSA? Yes No

If yes, are you happy with your CPAP or Sleep Appliance? Yes No

If no, why not? _____

SLEEP PATTERN

How many times do you normally get up to use the restroom during the night? 0 1 2 3 or more

In the past month, how often have you experienced the following:

Never Sometimes Usually

	0	1	2
Had trouble falling asleep or staying asleep?	0	1	2
Take medication or a supplement to help you sleep?	0	1	2
Snored or were told that you snored?	0	1	2
Disturbed the sleep of your bed partner; slept in separate rooms?	0	1*	2
Remember waking up choking or gasping for breath?	0	1*	2
Were told you stopped breathing in your sleep; woke up gasping for breath?	0	1*	2
Grind your teeth while sleeping?	0	1	2
Have restless leg syndrome?	0	1	2
Wake up feeling tired and unrested?	0	1	2
Wake up with a headache?	0	1	2
Experience daytime drowsiness or fatigue?	0	1	2
Have frequent heartburn, gastric reflux or GERD, especially at bedtime?	0	1	2

Please fill out other side if you have ANY scores of 1 or 2

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*At **Flower Dental**, we believe that each patient is a unique, special individual.*

We care for and about the whole person – not just their teeth and gums.

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Interrupted breathing during sleep (Obstructive Sleep Apnea or OSA) may contribute to a number of potentially serious physical and mental health conditions. OSA is often the result of an airway obstruction caused by narrow dental arches and/or an underdeveloped jaw.

We are pleased to offer non-surgical methods to treat this type of obstruction and help our patients breathe fully and enjoy a happy, full and productive life.

Patient Medical History

- High Blood Pressure
- Lung Disease
- Diabetes
- Depression/anxiety
- Heart Attack
- COPD
- Overweight
- Impaired cognition
- Heart Disease
- Nasal oxygen use
- Thyroid Disorder
- Anger/aggression
- Stroke
- Asthma
- Claustrophobia
- Irritability
- Cancer
- Fibromyalgia
- Narcolepsy
- Mouth breathing
- Brain injury
- Other chronic pain
- Other _____

Crowded and/or crooked teeth

Allergies Latex Any other allergies _____

Pain Medications Do you regularly use any pain medications, Vicodin, oxycontin, etc

Patient Signature

Team Member

NOTES
