

Medical Record Update Form

Patient name: _____

Date: _____

Primary Physician: _____

Phone: _____

Have you ever been given a CPAP device? Y ____ N ____
 If you have been given a CPAP device, do you use it every night? Y ____ N ____
 Are you comfortable with your CPAP and satisfied with its use? Y ____ N ____

PART 1: Epworth Sleepiness Scale

How likely, are you to doze off while doing the following activities?

Please use the following scale: 0= Never, 1= Slight, 2= Moderate, 3= High. Circle one of the following numbers.

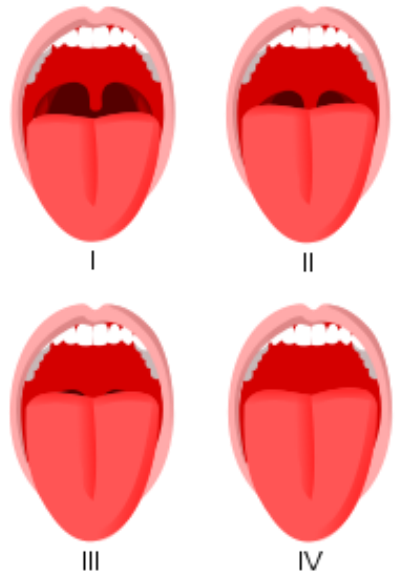
| | | | | |
|--|---|---|---|---|
| Being a passenger in a motor vehicle for an hour or more | 0 | 1 | 2 | 3 |
| Sitting and talking to someone | 0 | 1 | 2 | 3 |
| Sitting and reading | 0 | 1 | 2 | 3 |
| Watching TV | 0 | 1 | 2 | 3 |
| Sitting inactive in a public place | 0 | 1 | 2 | 3 |
| Lying down to rest in the afternoon | 0 | 1 | 2 | 3 |
| Sitting quietly after lunch without alcohol | 0 | 1 | 2 | 3 |
| In a car, while stopped for few minutes in traffic | 0 | 1 | 2 | 3 |

Total: Score of 8 or more = 1 diagnostic

point.

PART 2: Every Yes = 1 diagnostic point.

Have you ever been told you snore? Y ____ N ____
 Do you wake up choking or gasping? Y ____ N ____
 Have you had high blood pressure? Y ____ N ____
 Do you have diabetes? Y ____ N ____
 Have you ever experienced an irregular heart rhythm? Y ____ N ____



PART 3: Every Yes = 1 diagnostic point.

Does snoring cause any problems at home? Y ____ N ____
 Would you like to fix that? (If yes to above question) Y ____ N ____

Signature _____

PART 4: (By Assistants or Hygienist)

Neck Size _____ (Female >15, Male > 16.5) = 1 diagnostic point)
 Height _____ Weight _____ BMI _____
 Mallampati Score _____ (Class III or IV Greater = 1 diagnostic point)
 Scalloped Tongue _____ (Scalloped tongue = 1 diagnostic point)