

Sleep Health Questionnaire

M F / /

Patient Name _____ Gender _____ DOB _____

Address, City, State _____ Zip _____

Cell Phone _____ Alt. Phone _____ Email _____

Medical Insurance Company _____ ID# _____ Group# _____

Primary Care Physician's Name _____ Physician's Phone _____

Patient Sleepiness Scale (Risk Factors): Please check all that apply.

pt.

Additional comments below:

1. I have been told I stop breathing while asleep	<input type="checkbox"/>	8	
2. I have fallen asleep or nodded off while driving	<input type="checkbox"/>	6	
3. I've woken up with shortness of breath / gasping or my heart racing	<input type="checkbox"/>	6	
4. I feel excessively sleepy or fatigued during the day	<input type="checkbox"/>	4	
5. I snore or have been told that I snore	<input type="checkbox"/>	4	
6. I have had weight gain and found it difficult to lose	<input type="checkbox"/>	4	
7. I have been diagnosed with high blood pressure	<input type="checkbox"/>	4	
8. It takes me less than 10 minutes to fall asleep	<input type="checkbox"/>	4	
9. I wake up more than 1 time per night	<input type="checkbox"/>	4	
10. I wake up with headaches	<input type="checkbox"/>	4	

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Total points from above _____ Check your Risk Level Score: Low: 0-7 Moderate: 8-11 High: 12-15 Severe: 16+

Patient Health History (Signs & Symptoms): Please check all that apply.

*Ask your doctor to complete below

- | | |
|---|---|
| <input type="checkbox"/> Loud Snoring | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Depression/Anxiety | <input type="checkbox"/> History of Stroke/Heart Disease Acid |
| <input type="checkbox"/> Unrefreshed Sleep Upon Waking | <input type="checkbox"/> Reflux/GERD |
| <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Irritability/Moodiness | <input type="checkbox"/> Witnessed Choking/Gasping/Apnea |
| <input type="checkbox"/> Wake Up with Dry Mouth | <input type="checkbox"/> Family History of Sleep Apnea |
| <input type="checkbox"/> Sinus/Allergy Issues | <input type="checkbox"/> Deviated Septum |
| <input type="checkbox"/> Have CPAP Machine/Previous Dx of OSA | <input type="checkbox"/> Grind Teeth/BruXism |

- BMI > 30 (see reverse)
- Narrow upper arch
- Visual airway obstruction
- Large/scalloped tongue
- Neck size: Male ≥ 16.5" or Female ≥ 16"

_____	_____ lbs	_____
Height	Weight	BMI
_____ inches	_____	_____ BPM
Neck Size	Blood Pressure	Heart Rate

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Patient Signature _____ Date _____

I authorize this practice and EZ Sleep to have and release my medical information for the purpose of the coordination of care.

Prescription / Statement of Medical Necessity:

Certain Insurance payers require a Risk Level Score of High and/or least two (2) Signs & Symptoms sometimes up to four (4).

Home sleep study (G47.33 to be used to rule out OSA, unless stated differently. If other, please specify): _____

- Baseline** (up to three-night home sleep test will be administered based upon ordering provider or payer)
- Follow Up / Assessment of oral appliance efficacy**

NPI#: _____
 State Lic#: _____
 Office Contact: _____
 Phone: _____

Dr. Signature: _____ **Date:** _____

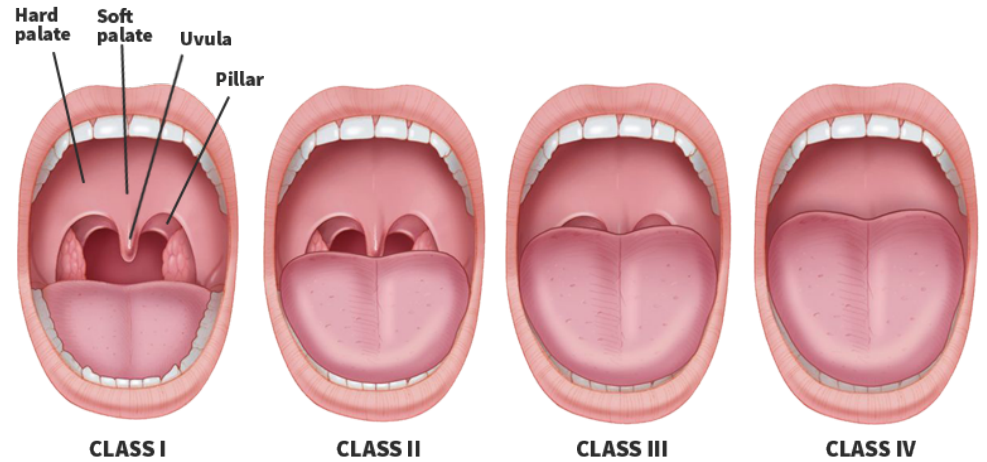
I certify that above home sleep test is medically indicated and is reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition. Code: **EZ-18**

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Mallampati Score & BMI Chart

Visual Obstruction and Body Mass Index Reference Sheet



BMI (kg/m ²)	Normal					Overweigh					Obese					Extreme Obesity																				
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Weight (pounds)																																			
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443