

Patient Name: _____ Age: _____ Gender: _____

Address: _____ City: _____

Phone: _____ Referring Physician: _____

CPAP/BIPAP USAGE:

1. How many years have you been using your CPAP/BIPAP? _____
2. What pressure do you use your machine at? _____
3. What kind of mask are you using? _____
4. Have you had any problems with using the CPAP machine? No Yes
5. If yes, what kind of problems? _____
6. How many hours do you sleep? _____

SYMPTOMS:

Have you had any of these symptoms? Please check the appropriate box.

1. Tiredness during the day No Yes
2. Snoring No Yes
3. Falling asleep during day or at inappropriate times No Yes
4. Wake up during the night No Yes
5. Are you taking naps during the day No Yes
6. Are you waking up with headaches No Yes

CURRENT MEDICATIONS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

RECENT CHANGES IN MEDICAL HISTORY SINCE YOUR LAST VISIT:

1. Has anything changed with your medical history? No Yes
Any recent new diagnosis: _____
2. Have you had any surgeries? No Yes
3. Has your weight changed by more than 5-10 pounds? No Yes

RECENT SURGERIES SINCE YOUR LAST VISIT:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

ALLERGIES:

- _____
- _____
- _____
- _____
- _____

FAMILY MEDICAL HISTORY:

- _____
- _____
- _____
- _____
- _____

HABITS

1. Do you smoke? No Yes

If yes: What? Amount per day?

Cigarettes _____ Packs / _____ Cigarettes

Cigars _____ Cigars

Tobacco _____ Pipes

2. How much of the following fluids do you drink?

	During a Typical Day	Within 2 hours before bedtime
a. Coffee: Caffeinated	_____ Cups	_____ Cups
Decaffeinated	_____ Cups	_____ Cups
b. Tea	_____ Cups	_____ Cups
c. Soda	_____ Cans	_____ Cans
d. Beer	_____ Cans	_____ Cans
e. Wine	_____ Glasses	_____ Glasses
f. Other Alcoholic Beverages	_____ Drinks	_____ Drinks

3. On average, how many hours of sleep do you get each night? _____ Hours _____ Minutes

What time do you usually try to fall asleep? _____ a.m. p.m.

Does this time vary? No Yes

How long does it usually take you to fall asleep? _____ Hours _____ Minutes