

Patient Information

Name _____ Home phone _____ DOB _____
 Street Address _____ City/State/Zip _____
 Work/cell phone _____
 Insurance _____ ID # _____ Subscriber _____

Referring provider: _____

Primary Provider: _____

Medical History Non RAMC Health providers. Please forward most recent history, physical, and clinic note.

History of Present Illness:

STOP-BANG

- _____ Snoring
- _____ Tired, fatigued or sleepy
- _____ Observed apnea
- _____ Hypertension
- _____ BMI > 35 kg/m2
- _____ Age > 50
- _____ Neck measurement _____ in. (measure at base of neck)
- _____ Male gender

STOP-BANG Total Score: _____ / 8

- _____ Low Risk (Yes to 0-2 questions)
- _____ Intermediate Risk (Yes to 3-4 questions)
- _____ High Risk (Yes to 5-8 questions)

Mallampati I, II, III or IV: _____

Other Considerations:

- _____ Family hx of OSA:
- _____ abnormal 2-channel
- _____ required for DOT clearance
- _____ Drowsy Driving
- _____ Oxygen used _____ liters

Other supporting symptoms / signs

- Sleep Apnea
- Snoring - if yes Comments _____
- Waking choking or gasping
- Witnessed apnea
- Restless sleeper
- Insomnia
- Restless Legs/Periodic Limb Movements
- Obese/large neck
- Morning headaches
- Excessive daytime sleepiness

- Difficulty falling asleep /staying asleep
- Increased tendency to fall asleep or fallen asleep while driving

Epworth Sleepiness Scale:

- Chance of dozing doing
 0=never 1= slight 2= frequent 3=high
- _____ Sitting and reading
 - _____ Watching TV
 - _____ Sitting inactive in a public place (e.g. a theater or a meeting)
 - _____ As a passenger in a car for an hour without a break
 - _____ Lying down to rest in the afternoon when circumstances permit
 - _____ Sitting and talking to someone
 - _____ Sitting quietly after a lunch without alcohol
 - _____ In a car, while stopped for a few minutes in traffic

EPWORTH SLEEPINESS SCORE: _____

Study ordered

- _____ Home sleep study
- _____ NPSG
- _____ NPSG with PAP titration
- _____ Sleep Physician Consult
- _____ Other

- **Contraindications for HSAT:** BMI > 40, significant pulmonary disease, stroke, CHF, Identification of individuals working in safety-critical occupations Neuro-muscular disease, lack of dexterity and pediatric patient
- **Fax completed packet to RAMC Sleep Department 608-768-6294**
- **Any questions call 608-768-6264**

Physician Signature _____