



Enhancing your life, health and smile.

PATIENT QUESTIONNAIRE

Patient Name: _____ Date of birth: _____

Phone: (H) _____ (W) _____ (C) _____

Physician (GP) Name: _____

Physician (GP) Address: _____ Phone: _____

Referring Specialist Physician's Name: _____ Phone: _____

Medical Conditions

Do you have any condition(s) that your GP is aware of?

Respiratory Yes No
Cardiovascular Yes No

Renal Yes No
Digestive Yes No
Neurological Yes No

Please tick yes or no. (You may need to ask your bed partner for some of these answers.)

- 1. Do you snore or have you been told you snore? Yes No
- 2. Do you snore only when you are lying on your back? Yes No
- 3. Do you snore loudly? Yes No
- 4. Do you snore every night? Yes No
- 5. Have you been told you stop breathing or gasp during sleep? Yes No
- 6. Has your partner had to move to another room during the night? Yes No
- 7. Have you had or been treated for high blood pressure? Yes No
- 8. Do you doze off unintentionally during the day? Yes No
- 9. Do you often wake feeling tired? Yes No
- 10. Do you often wake in the morning with a headache? Yes No
- 11. Do you have problems concentrating for long periods of time? Yes No
- 12. Do you feel pain in your jaw joints (area of the ear)? Yes No
- 13. Do you grind or clench your teeth in your sleep? Yes No
- 14. Have you ever been diagnosed with, or do you suspect you have OSA? * Yes No
- 15. Have you ever been seen by a specialist for snoring or OSA? * Yes No
- 16. Have you ever had a sleep study? Yes No
- 17. Have you ever been treated for snoring, OSA or a sleep disorder? Yes No

*If yes, where and when? _____

Family History

Have any family members had heart disease/high blood pressure/diabetes? Yes No

Do any family members snore, have OSA or a sleep disorder? Yes No

*If yes, who? _____

Personal Information

Weight: _____ Height: _____ Neck circumference: _____ (Male greater than 43cm / Female greater than 41cm)

Alcohol consumption (units per week): _____ Smoking consumption (cigarettes/cigars per week): _____