**A sloth on a tree branch

Description automatically generated**

***Medical Record Update Form***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been given a CPAP device? YES NO

If you have been given a CPAP device, do you use it every night? YES NO

Are you comfortable with your CPAP and satisfied with its use? YES NO

If you answered *YES* to all three of these questions, you are done, thank you! If you answered *NO* to any of these questions, please continue to Part 1

**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 a few minutes in traffic………………….. 0 1 2 3

**Total: Score of 10 or more = 1 diagnostic point**

**PART 2: Every Yes = 1 diagnostic point**

Have you ever been told you snore? YES NO

Do you wake up choking or gasping? YES NO

Do you have high blood pressure? YES NO

Do you have diabetes? YES NO

Have you ever experienced an irregular heart rhythm? YES NO

Has anyone said that you seem to stop breathing while you sleep? YES NO

**PART 3**:

ALL OF THE FOLLOWING MEDICAL CONDITIONS LISTED BELOW ARE ASSOCIATED WITH SLEEP APNEA. PLEASE CIRCLE THE ONES THAT APPLY TO YOU. THE NUMBERS IN PARENTHESIS INDICATE DEGREE OF ASSOCIATION:

Heart Disease (70%) Acid Reflux/GERD (66%) Type 2 Diabetes (90%)

Obesity (77%) Atrial Fibrillation (90%) High Blood Pressure (50%) Stroke (70%) Frequent Nighttime Urination (84%) Anxiety/Depression (20%)

Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_