

# Patient Questionnaire

9·10·360™

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

	YES	NO
1) Do you snore?	<input type="checkbox"/>	<input type="checkbox"/>
2) Is snoring a problem for you?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does your significant other snore?	<input type="checkbox"/>	<input type="checkbox"/>
4) Is snoring a problem for your relationship?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you have High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are you on Blood Pressure Medicine?	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you have Heart Disease?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you had a Heart Attack?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you had a Stroke?	<input type="checkbox"/>	<input type="checkbox"/>
10) Are you on Blood Thinners?	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you have Gastric Reflux (GERD)?	<input type="checkbox"/>	<input type="checkbox"/>
12) Do you have Type II Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
13) Are you more than 30 lbs overweight?	<input type="checkbox"/>	<input type="checkbox"/>
14) Are you having trouble losing weight?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have you been told you stop breathing when asleep?	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you wake up exhausted in the morning?	<input type="checkbox"/>	<input type="checkbox"/>

### SCORE Your Survey Results:

- If you answered YES to any question for items 1 to 4. You need a Sleep Test.
- If you answered YES to 2 or more questions for items 5 to 16. You need a Sleep Test.

### For Office Use Only:

Neck Size: \_\_\_\_\_

Gender: Male  Female

### Did You Know Our Office Can Help With Snoring & Sleep Apnea Problems?

This questionnaire is designed to help determine if you should speak to the doctor. Taking a sleep test is a lot easier than you may think, and may be covered by insurance, plus you can take a sleep test in the comfort of your own home, in your own bed. Also, when it comes to treatment options, we can help you with several including oral appliances. Our experience gives us an excellent success rate treating Snoring & Sleep Apnea.

