

# Stratford Dental

This assessment form allows us to evaluate your risk for having Obstructive Sleep Apnea (OSA). Snoring and OSA are both breathing disorders that occur during sleep due to narrowing or total closure of the airway. Snoring is a noise created by the partial closure of the airway and may often be no more problematic than the noise itself. However, consistent, loud, heavy snoring has been linked to OSA, a serious condition. With OSA, the airway totally closes a number of times during the night and can significantly reduce oxygen levels in the body and disrupt sleep. In varying degrees, this can contribute to excessive daytime sleepiness, irregular heartbeat, high blood pressure, acid reflux, depression, and even heart attack and stroke. If diagnosed with OSA, there is an alternative to the Continuous Positive Airway Pressure (CPAP) machine. Dr. Evans is able to fabricate a custom oral appliance to assist your breathing. Oral appliance therapy moves the jaw and tongue forward, thereby opening the airway. An at home sleep test may be recommended to determine if you have OSA and its severity.

1. Have you ever been given a CPAP machine or Sleep Apnea appliance? .....Yes or No
2. If yes to any form of CPAP or appliance, do you use it nightly? .....Yes or No
3. Are you comfortable and satisfied with your CPAP or appliance? .....Yes or No

***If you answered "Yes" to all three questions, YOU ARE DONE!***

***If you answered "No" to any of the above questions, please continue.***

Neck Size: \_\_\_\_\_inches (if you do not know, we will measure it for you)

Do you snore or has anyone told you that you snore? .....Yes or No

Do you wake up choking or gasping for air? .....Yes or No

Have you been diagnosed with high blood pressure? .....Yes or No

Have you been diagnosed with diabetes? .....Yes or No

Do you or did you ever have atrial fibrillation? .....Yes or No

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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