Dentistry For Your Smile
Robert A. Milner, D.D.S.
One Smile at a time - Since 1989

Sleep Health Questionnaire

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Patient's Last Name:	First:	MI:
Street Address:	City:	Zip:
Sex: M ☐ F ☐ Height: Weight: Neck:	Patient Email Address:	
Medical Insurance:	ID/Social Security Number: - -	Group Number:

Have you ever been diagnosed with a sleep disorder?	Yes ☐	No ☐
Do you use CPAP Therapy? Yes ☐ No ☐ If "Yes", every night?	Yes ☐	No ☐

Epworth Evaluation: Check mark Yes or No to the following questions:

Yes	No		
☐	☐	6	Have you even fallen asleep or nodded off while driving?
☐	☐	6	Have you ever woken up suddenly with shortness of breath, gasping?
☐	☐	4	Do you feel excessively sleepy during the day?
☐	☐	4	Do you snore or have been told that you snore?
☐	☐	2	Have you gained weight and found it difficult to lose?
☐	☐	2	Have you taken medication for, or been diagnosed with high blood pressure?
☐	☐	3	Do you kick or jerk your legs while sleeping?
☐	☐	3	Do you feel burning, tingling, or crawling sensations in your legs when you wake up?
☐	☐	3	Do you wake up with headaches during the night or upon rising in the morning?
☐	☐	4	Do you have trouble falling asleep?
☐	☐	4	Do you have trouble staying asleep once you fall asleep?

_____ **Score and Risk Level – Total the points that you check marked YES and circle the level below:**

Low	Moderate	High	Severe
0-7	8-11	12-15	16+

RX: For Office Use Only, place a check in the box for symptom(s) exhibited and prescription

☐ Enlarged scalloped tongue	☐ Retruded lower jaw	☐ High arching pallet	☐ Hypertension
☐ Gastroesophageal reflux	☐ Enlarged tonsils	☐ Metabolic syndrome	☐ Diabetes
☐ Obstructive sleep apnea	☐ Sleep bruxism	☐ Stroke	☐ Obesity BMI > 30

Polysomnography Report (Sleep Study)

☐ Perform Two-Night Sleep Home Sleep Study or # of nights	☐ Consult with Sleep Study Center/Provider
☐ Perform Follow-Up Sleep Study Tritration w/Appliance	☐ Perform APAP Therapy/CPAP Study Tritration

Medications Taken/Notes:

Physician's/Dentist's Name: Robert A. Milner, D.D.S.

Practice Name: Robert A. Milner, D.D.S. Dental Corporation	Email: dr.milner@ppdg.occoxmail.com
Address: 27725 Santa Margarita Parkway, Ste. 120, Mission Viejo, CA 92691	Phone: (949) 859-8899
Practice Type: General, Cosmetic and Orthodontic Dentistry	FAX: (949) 859-5042

NPI #1972698629	Tax ID # 455-16-9649	I have filled this prescription based upon a face to face office visit, which is medically necessary for validation.

Doctor's Signature:	Date:

American Academy of Sleep Medicine (AASM based questionnaire. To be used by a qualified medical/dental professional in identifying possible sleep disorder symptoms and is not to be used as a substitute for any diagnostic procedure.