

Patient Information

LAST NAME _____ FIRST NAME _____

DOB ___ / ___ / _____ SEX M / F HEIGHT _____ WEIGHT _____

BLOOD PRESSURE _____

IS PATIENT ON HYPERTENSION MEDICATION? YES / NO

Patient Questions & Symptoms

WHEN YOU WAKE UP AFTER YOUR USUAL SLEEP HOW OFTEN DO YOU EXPERIENCE THE FOLLOWING:

	Daily	Often	Infreq	Never
A. Headache	_____	_____	_____	_____
B. Dry mouth	_____	_____	_____	_____
C. tired and not rested	_____	_____	_____	_____

DO YOU HAVE TROUBLE BREATHING THROUGH YOUR NOSE:

	Daily	Often	Infreq	Never
A. During the day	_____	_____	_____	_____
B. Nighttime in bed	_____	_____	_____	_____

DO YOU CONSUME ALCOHOLIC BEVERAGES OR TAKE SEDATIVES:

	Daily	Often	Infreq	Never
A. During the day	_____	_____	_____	_____
B. Nighttime in bed	_____	_____	_____	_____

DO YOU TAKE MEDICATIONS FOR:

Heart Condition	Y / N	Respiratory Condition	Y / N
Thyroid Condition	Y / N	Weight	Y / N

1. HOW LONG HAVE YOU BEEN AWARE OF YOUR SNORING? _____
2. HAS IT CAUSED PROBLEMS FOR RELATIVES OR FRIENDS? Y / N
3. HAVE YOU BEEN TOLD YOUR BREATHING STOPS WHILE ASLEEP? Y / N
4. HAVE YOU BEEN TOLD YOU MOVE AROUND A LOT WHILE ASLEEP? Y / N
5. WHAT POSITION DO YOU SLEEP IN?
SIDE_____ BACK_____ STOMACH_____
6. ABOUT HOW MANY TIMES PER NIGHT DO YOU WAKE UP? _____
7. DO YOU HAVE ANY DIFFICULTY FALLING ASLEEP AT NIGHT? Y / N
8. HOW MANY HOURS OF SLEEP DO YOU GET PER NIGHT ON AVERAGE? _____
9. DO YOU NORMALLY WAKE UP FEELING REFRESHED? Y / N

10. DO YOU OFTEN WAKE UP WITH A HEADACHE? Y / N
11. DOES A SMALL AMOUNT OF ALCOHOL GIVE YOU A HEADACHE? Y / N
12. DO YOU SUFFER FROM MEMORY LOSS? Y / N
13. DO YOU EXPERIENCE DEPRESSION? Y / N
14. DO YOUR JAW JOINTS CLICK, STICK OR HURT? IF YES, PLEASE DESCRIBE? Y / N

Eccovision Pharyngometer / Rhinometer Test Results

RHINOMETER TEST

Left Nostril		Right Nostril	
Normal	Abnormal	Normal	Abnormal
Dr. Notes:		Dr. Notes:	
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PHARYNGOMETER TEST

Baseline (FRC – Functional Residual Capacity)

Mean _____ cm² Normal Values
 Minimum _____ cm² Men 3.2cm² Women 2.8cm²
 2.0cm²

Collapse (RV – Residual Value)

Mean _____ cm²
 Minimum _____ cm²

Collapse Percentage (Airway Stability)

This test compares the change in airway size from baseline to collapse and represents the overall stability of the airway. This number is found by isolating the baseline test on the screen and overlaying the collapse test, the % under the mean numbers is the collapse percentage. (Tip: it will always be less than 100% when done correctly)

Collapse % _____ Normal Value
 70% or greater