

Patient name: _____ DOB: _____

I saw this patient in the office and he/she complains of symptoms suggestive of obstructive sleep apnea (G47.33). Patient's symptoms include (checked off):

- Snoring
- Witnessed pauses in breathing during sleep
- Sudden awakenings with a sensation of gasping or choking
- Dry mouth or sore throat upon awakening
- Headaches in the morning
- Frequent urination during sleep hours
- Difficulty getting up in the mornings
- Daytime sleepiness or fatigue
- Trouble concentrating, forgetfulness, depression, or irritability
- Sexual dysfunction
- Other: _____

Based on the above symptoms and my discussion with the patient, the patient is an appropriate candidate for a diagnostic sleep test. A sleep test should be ordered.

Signature _____

Date _____

Printed Name: _____

NPI: _____