UNITED SLEEP DIAGNOSTICS INC.

Everyone deserves a good night's sleep

Sleep Health Disorder Checkup

Have you been told you snore loudly?	☐ Yes	☐ No
Have you been told that you stop breathing at night?	☐ Yes	☐ No
Are you often tired during the day?	☐ Yes	☐ No
Is controlling your blood pressure difficult?	☐ Yes	☐ No
Do you awaken with shortness of breath?	☐ Yes	☐ No
Do you fall asleep while reading or watching TV?	☐ Yes	☐ No
Do you ever have trouble concentrating?	☐ Yes	☐ No
Have you been diagnosed with Sleep Apnea?	☐ Yes	☐ No

I want to learn about how sleep problems affect my health

Do not contact me.

Name:_____e-mail:_____ Contact #:_____

Physician Use Only:

☐ Reviewed, order sleep study, titration and treatment if positive for OSA.

FAX to (888) 539 -3001

☐ Reviewed, do not order sleep study ; place in chart.

Physician Signature: _____ Date: _____