



7520 Bierstadt Heights Rd, Ste. 125 Peyton, CO 80831

719.495.3131

**Patient Name:** \_\_\_\_\_

### **Health History Supplement**

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| Do you, or has anyone told you, that you snore?.....yes  | no |
| Do you experience daytime sleepiness and tiredness?.....yes                                      | no |
| Do you usually sleep through the night?.....yes  | no |
| Do you have high blood pressure?.....yes   | no |
| Have you woken up suddenly with shortness of breath, gasping, or with your heart racing?.....yes | no |
| Have you ever been diagnosed with sleep apnea?.....yes   | no |
| Do you wear an oral appliance or a CPAP?.....yes   | no |