



DR. RON PERKINS

ORTHODONTICS

A Smile Is Forever

Date _____

Answering these questions could save your life or life of someone you love!

Patient Name _____ D.O.B. _____
 Primary phone contact _____ Alternate phone _____
 Referral _____
 Physician _____
 Dentist _____

Have you had a sleep study done ____ . If so, where & when _____ .

<i>Life saving questions, answer to the best of your ability.</i>	<i>YES</i>	<i>Seldom</i>	<i>Never</i>	<i>Not sure</i>
Do you snore?				
Have you or your bed partner observed that you stop breathing or gasp for breath while sleeping?				
Do you doze off while watching TV, driving, reading, or performing daily activities?				
Does your snoring awaken your bed partner?				
Do you ever wake up out of breath or choking?				
Are you a restless sleeper?				
Do you have joint aches?				
Do you have backaches?				
Do you have headaches? If so how often?				
Do you have indigestion or acid reflux?				
Do you have or have you ever had high blood pressure?				
Have you have or have you ever had heart problems?				
Do you have night sweats?				

Notes: _____

For further information visit us on the web at www.sleepapneatexas.com