

Dental Sleep Medicine Screening



Dental Sleep Medicine is the management of sleep related breathing disorders, including snoring and obstructive sleep apnea (OSA). Sleep Apnea can pose significant health risks and affect your overall quality of life. Dentists are in a unique position to screen for medical, physical and dental signs of sleep disordered breathing. In addition, dentists are able to offer treatments with Oral Appliance Therapy (OAT) to alleviate snoring and many cases of mild, and sometimes moderate, sleep apnea.

Name: _____ Phone: _____
Address: _____ DOB: _____
Email: _____

Screening for Obstructive Sleep Apnea

Please answer the following questions below to determine if you might be at risk.

- | | | |
|---|-----|----|
| S Do you SNORE ? | YES | NO |
| T Do you often feel TIRED , Fatigued, or Sleepy during the daytime? | YES | NO |
| O Has anyone OBSERVED you Stop Breathing during your sleep? | YES | NO |
| P Do you have or are being treated for HIGH BLOOD PRESSURE ? | YES | NO |
| B BODY MASS INDEX more than 35? Scan QR for BMI chart: | YES | NO |
| A AGE older than 50? | YES | NO |
| N NECK size large (greater than 16" around)? | YES | NO |
| G GENDER = Male? | YES | NO |



TOTAL YES:
0-2 Low Risk
3-4 Moderate Risk:
5-8 High Risk

Symptoms Please mark all that apply

- | | |
|--|--|
| <ul style="list-style-type: none">o Morning Headacheso Morning Hoarsenesso Difficulty Concentratingo Moodinesso Feel Unrefreshed in Morningo Nighttime Grinding or Clenchingo Jaw Clicking or Paino Nighttime Congestiono Chronic Cough and/or Throat Irritationo Mouth Breathing | <ul style="list-style-type: none">o Weight Gaino Snoringo Frequent Waking at night, Restlessnesso Frequent Urination at nighto Night Sweatingo Need Caffeine during the day to functiono Hyperactivityo Family history of Sleep Apnea |
|--|--|

Medical Co-Factors Please mark all that apply

- | | |
|--|---|
| <ul style="list-style-type: none">o High Blood Pressure<ul style="list-style-type: none">o Controlled with medso Not medicatedo Meds taken with little effecto Congestive Heart Failureo Coronary Artery Diseaseo Atrial Fibrillation | <ul style="list-style-type: none">o Chronic Fatigue Syndromeo ADD/ADHDo Diabeteso Smokingo Asthmao GERD (gastric reflux)o Insomniao Depressiono Allergies |
|--|---|

Dental Signs & Symptoms Please mark all that apply

- ☐ Scalloped Tongue
- ☐ Linea Alba
- ☐ Tooth Wear
- ☐ Bruxism
- ☐ Tori Mx Mn
- ☐ Limited Nasal Airway R L
- ☐ Narrow Maxilla
- ☐ Narrow Mandible
- ☐ Large Tongue
- ☐ Inflamed Soft Palate and Uvula
- ☐ Elongated Uvula

Mallampati Classification - Upper Airway Evaluation



Class I



Class II



Class III



Class IV

- Class I-II Low Risk ●
- Class III Moderate Risk: ●
- Class IV High Risk ●

Tonsil Classification



0

Surgically removed
tonsils

1

Tonsils hidden within
tonsil pillars

2

Tonsils extending
to the pillars

3

Tonsils are beyond
the pillars

4

Tonsils extend
to midline

- 0-1 Low Risk ●
- 2 Moderate Risk: ●
- 3-4 High Risk ●

Clinical Recommendations:

Based on the highest risk between your dental and medical screening.

- ☐ You are at **high risk** for Sleep Apnea: A referral for a home sleep test is strongly recommended.
- ☐ You are at **moderate risk** for Sleep Apnea: A referral for a home sleep test is recommended.
- ☐ You are at **low risk** for sleep apnea: A referral for a home sleep test will be provided at your request.

☐ Yes, this patient is a suitable candidate for OAT if indicated

☐ No, this patient is not a suitable candidate for OAT


Notes:

Referrer Name: _____

Signature: _____

Date: _____

Please email or fax referral to:
referrals@navisleep.com

 506.405.5592