



Raphaelson Dental Sleep Center
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Have you experienced any of the following symptoms:

- Trouble falling asleep/Insomnia
- Loud and disruptive snoring
 - Morning Headaches
- Waking up feeling un-refreshed
- Excessive Day-time Sleepiness
 - Excessive sweating
- Chest pain/Racing Heartbeat
- Gasping/choking during sleep
- Witnessed apnea events during sleep
 - Frequent night-time urination
 - Difficulty Staying Asleep
 - Short Term Memory Loss
 - Difficulty Concentrating

Have you ever tried any of the following?

- CPAP Weight loss Nose Strips
- Side Sleeping Surgery

Do you have any of the following?

- Gingivitis/Periodontal Disease
- Pending Dental Treatment
- Pending Orthodontic Treatment
- Missing Teeth
- TMJ/TMD

Last Dental Exam: _____

Epworth Sleepiness Scale	
Please rate the chances of you dozing off in the following situations on a scale of 0-3:	
Situation	Chance of Dozing
Sitting & reading	0 = no chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing
Watching TV	
Sitting inactive in a public place	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting & talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total	

Patient Signature: _____ Date: _____