1 Patient & Encounter Information

Name:		**Date of Visit:**	
DOB / Age:		**Location of Service:**	
Sex:		**Visit Type:**	
MRN:		**Referring Provider:**	
Primary Language:		**Sleep Specialist:**	
Insurance / Payer:		**Accompanied by:**	

S Subjective

2 CHIEF COMPLAINT

Primary sleep-related concern:

Duration:

3 HISTORY OF PRESENT ILLNESS

SLEEP SCHEDULE & PATTERN

Weekday bedtime / wake time:		**Awakenings (freq / duration):**	
Weekend bedtime / wake time:		**Total sleep time:**	
Sleep latency (min):		**Sleep quality:**	

NIGHTTIME SYMPTOMS

Difficulty initiating sleep:

Difficulty maintaining sleep:

Snoring (severity):

Witnessed apneas:

Gasping / choking:

Abnormal movements / behaviors:

DAYTIME SYMPTOMS

Excessive sleepiness:		**Morning headaches:**	
Fatigue:		**Cognitive impairment:**	
Non-refreshing sleep:		**Mood changes:**	

SLEEP DISORDER-SPECIFIC SCREENING

Insomnia symptoms:

Sleep apnea symptoms:

Narcolepsy symptoms:

Restless legs symptoms:

Parasomnias:

CIRCADIAN RHYTHM FACTORS

Irregular schedule / shift work / jet lag:

Delayed / advanced phase:

CONTRIBUTING FACTORS

Stress / psychiatric conditions:

Medical conditions:

Medications affecting sleep:

Caffeine:

Alcohol / nicotine:

FUNCTIONAL IMPACT & SAFETY

Work / school impairment:

Quality of life:

Drowsy driving risk:

PRIOR EVALUATION & TREATMENT

Prior sleep studies (PSG / HSAT):

Prior diagnoses:

Treatments (CPAP, meds, CBT-I):

Response:

4 PAST MEDICAL HISTORY

Sleep + cardiometabolic + neuro + psych conditions...

5 PAST SURGICAL HISTORY

Airway, ENT, craniofacial, other...

6 MEDICATIONS

Include timing + sleep impact...

7 ALLERGIES

Drug + reactions...

8 SOCIAL HISTORY

Occupation:

Work schedule:

Sleep environment:

Substances / screen use:

9 FAMILY HISTORY

Sleep disorders...

10 REVIEW OF SYSTEMS (FOCUSED)

Sleep / Neurologic:

Psychiatric:

Cardiovascular:

Respiratory:

O Objective

11 VITALS & ANTHROPOMETRICS

BP:

HR:

SpO_2:

Height:

Weight:

BMI / Neck circumference:

12 PHYSICAL EXAMINATION

General:
Airway (Mallampati, tonsils):
Craniofacial:
Cardiopulmonary:
Neurological:

13 SLEEP SCALES

ESS score:
ISI score:
STOP-BANG score:
Other:

14 DIAGNOSTIC DATA REVIEWED

PSG / HSAT:
MSLT / MWT:
Actigraphy:
Labs (iron, TSH, etc.):
Independent interpretation performed:

15 PAP / DEVICE DATA (IF APPLICABLE)

Device:
Compliance (% nights >4 hrs):
Settings:
Mask issues:
Usage (hrs / night):
Residual AHI:

A Assessment

16 DIAGNOSES

Primary Diagnosis:
ICD-10 Code:
Secondary Diagnoses:

17 SEVERITY

Severity (Mild / Moderate / Severe):
Based on AHI + clinical context:

18 DIFFERENTIAL DIAGNOSIS

Differential diagnoses considered...

19 RISK ASSESSMENT

Cardiovascular risk:
Metabolic risk:
Safety risk (drowsy driving / occupational):

20 MEDICAL DECISION MAKING (MDM)

Problems Addressed:
Data Reviewed:
Risk Level (Low / Moderate / High):

P Plan

21 MEDICAL MANAGEMENT

Medications initiated / adjusted...

22 PAP THERAPY

Initiation / Adjustment:
Mask fitting:
Adherence counseling:

23 BEHAVIORAL THERAPY

CBT-I referral:
Sleep hygiene counseling:

24 LIFESTYLE MODIFICATIONS

Weight management:
Exercise:
Substance reduction:
Sleep environment:

25 DIAGNOSTIC PLAN

Additional studies ordered...

26 REFERRALS

ENT / Pulm / Neuro / Psych:

27 PATIENT EDUCATION & COUNSELING

Diagnosis explained. Risks of untreated condition. Driving safety counseling. Treatment adherence importance...

28 FOLLOW-UP & MONITORING

Symptom tracking:
PAP compliance follow-up:
Medication monitoring:
Follow-up timeline:

29 TIME-BASED BILLING

Total time (minutes):
Includes (face-to-face / documentation / care coordination):

30 PROCEDURES (IF APPLICABLE)

Procedure performed:
Details:

31 TELEHEALTH DOCUMENTATION (IF APPLICABLE)

Patient location:
Provider location:
Consent obtained:
Platform used:

Provider name & credentials:		**Date / Time:**	
Signature:		**Facility:**	
NPI:		**Visit type:**	