

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Sleep Apnea Consultation	_____		_____
Referral Source:	_____	Reason for Referral:	_____

CC Chief Complaint

2 PRIMARY SLEEP-RELATED CONCERN

Primary sleep concern in patient's own words — snoring, witnessed apneas, excessive daytime sleepiness, non-restorative sleep, morning headaches, or concern for OSA...

S Subjective

3 PATIENT-REPORTED SLEEP SYMPTOMS, RISK FACTORS & ENT HISTORY

3a SLEEP SYMPTOMS & DURATION

Snoring, witnessed apneas, gasping/choking, restless sleep, insomnia, frequent awakenings, nocturia, morning headaches, dry mouth, non-restorative sleep...

3b DAYTIME SYMPTOMS

Excessive daytime sleepiness, fatigue, impaired concentration, mood changes, drowsy driving, reduced work performance, decreased QOL...

3c SLEEP SCHEDULE & QUALITY

Bedtime / Wake Time / Sleep Latency: _____ Total Sleep Time / Awakenings / Naps: _____

3d AIRWAY / ENT SYMPTOMS

Nasal obstruction, congestion, mouth breathing, tonsillar enlargement, recurrent tonsillitis, allergic rhinitis, deviated septum, CRS, prior airway surgery...

3e RISK FACTORS

BMI/weight changes, neck circumference, hypertension, cardiovascular disease, diabetes, stroke, craniofacial abnormalities, family history, alcohol/sedative use, smoking...

3f PRIOR EVALUATION & TREATMENT

Prior sleep study, CPAP/BiPAP use, oral appliance, positional therapy, weight loss, nasal surgery, tonsillectomy, other sleep apnea treatments...

3g TREATMENT TOLERANCE (IF PREVIOUSLY TREATED)

CPAP adherence, mask fit, pressure intolerance, dryness, aerophagia, claustrophobia, residual symptoms, or benefit from therapy...

3h PERTINENT NEGATIVES

Denial of severe drowsy driving, syncope, uncontrolled hypertension, chest pain, significant dyspnea, parasomnias with injury, or neurologic symptoms...

ROS Sleep / ENT Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

- Snoring / witnessed apneas / gasping or choking
- Morning headaches or dry mouth
- Nasal obstruction / congestion / rhinorrhea
- Dysphagia / voice change / airway symptoms
- Drowsy driving / impaired concentration
- Daytime sleepiness or fatigue
- Insomnia or fragmented sleep
- Mouth breathing or throat dryness
- Weight change
- Mood changes / depression / anxiety

O Objective

5 MEASURABLE & OBSERVED UPPER AIRWAY FINDINGS

V VITAL SIGNS & SLEEP METRICS

Temperature: _____	Blood Pressure: _____
Heart Rate: _____	Respiratory Rate: _____
Oxygen Saturation: _____	Height: _____
Weight: _____	BMI: _____
Neck Circumference: _____	Epworth Sleepiness Scale (ESS) Score: _____

5a GENERAL APPEARANCE

Appearance, distress, body habitus, alertness, breathing pattern...

5b HEAD / FACE / EARS

Craniofacial structure / mandibular position: _____ Ears (canal, TM): _____

5c NASAL EXAM

Septum, turbinates, nasal mucosa, obstruction, discharge, anterior rhinoscopy...

5d ORAL CAVITY / OROPHARYNX — AIRWAY

Tongue size / position: _____	Tonsil size (grade 0-4): _____
Uvula / soft palate: _____	Mallampati score (I-IV): _____
Posterior pharynx / airway crowding: _____	Dentition: _____

5e NECK & RESPIRATORY / AIRWAY

Neck: _____ Respiratory / Airway: _____

PP Procedures Performed

6 ENT / AIRWAY PROCEDURES THIS VISIT

Procedure name, indication, technique, location, instruments, topical anesthesia, findings, tolerance, complications. Examples: flexible nasopharyngoscopy, nasal endoscopy, laryngoscopy, airway evaluation...

L Lab & Sleep Study Results

7 SLEEP APNEA-RELATED DATA

7a SLEEP STUDY RESULTS

Study type (HSAT / PSG): _____ AHI / RDI: _____
Oxygen nadir: _____ Time below 88% saturation: _____
Sleep efficiency: _____ Positional data / Central apnea index: _____
Severity classification: _____

7b PAP THERAPY DATA (IF APPLICABLE)

Usage hours / adherence %: _____ Residual AHI: _____
Leak / pressure settings: _____ Patient-reported tolerance: _____

7c IMAGING / AIRWAY EVALUATION & LABORATORY STUDIES

CT / MRI / cephalometric / DISE findings: _____ Thyroid / CBC / other labs: _____

A Assessment

8 SLEEP APNEA CLINICAL INTERPRETATION

Primary diagnosis: suspected or confirmed OSA, central sleep apnea, sleep-disordered breathing, snoring, nasal obstruction contributing to sleep disturbance, or CPAP intolerance. Severity. Risk factors and comorbidities. Anatomical contributors: nasal obstruction, tonsillar hypertrophy, airway crowding, obesity, craniofacial factors. Safety concerns: drowsy driving, significant nocturnal hypoxemia...

P Plan

9 SLEEP APNEA MANAGEMENT

9a DIAGNOSTIC TESTING

Home sleep study, in-lab PSG, PAP titration, or repeat sleep testing ordered...

9b TREATMENT OPTIONS

CPAP/BiPAP, oral appliance therapy, positional therapy, weight management, nasal obstruction treatment, tonsillectomy, upper airway surgery, or hypoglossal nerve stimulation evaluation...

9c ENT-DIRECTED MANAGEMENT

Nasal obstruction or upper airway anatomy — medications, nasal sprays, allergy treatment, surgical discussion...

9d PATIENT EDUCATION & REFERRALS

OSA risks, PAP adherence, mask fitting, weight management, alcohol/sedative avoidance, sleep hygiene, drowsy driving precautions. Referrals to sleep medicine, dentistry, pulmonology, cardiology, weight management...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Sleep study review, PAP compliance, symptom reassessment, airway evaluation, treatment tolerance, or surgical planning...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____
Basis for Billing: _____ Primary ICD-10 Code: _____
Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD	SPECIALTY: OTOLARYNGOLOGY / SLEEP SURGERY	DATE	TIME
_____	_____	_____	_____

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