Airway Management

Height: _____ Weight: _____ BMI:_____ Blood Pressure: _____ Neck Size (Inches):_____

Please check any of the following you may have (or suffer from):

☐ Morning Headaches	☐ Heart Disease	☐ Insomnia	☐ Diabetes	☐ Heart Failure
☐ Frequent Urination at Night	☐ ADD/ADHD	☐ Depression	☐ Dry Mouth	☐ Renal Failure
☐ Erectile Dysfunction	☐ Fibromyalgia	☐ Obesity	☐ Memory Loss	☐ Low Testosterone
☐ Grinding Teeth (Bruxism)	☐ Restless Legs (RLS)	☐ COPD	☐ GERD	☐ Atrial Fibrillation

Please check Yes or No to the following questions:

1. Do you snore *or* have been told that you snore?	☐ YES	☐ NO
2. Do you often feel tired, fatigued, or sleepy during the daytime?	☐ YES	☐ NO
3. Has anyone observed you stop breathing or gasp for air during your sleep?	☐ YES	☐ NO
4. Do you have or are you being treated for high blood pressure?	☐ YES	☐ NO

Please check the following appropriate boxes:

Epworth Sleepiness Scale	Never doze off	Slight chance of dozing	Moderate chance of dozing	High Chance of dozing
1. Do you get sleepy, or doze off, while sitting and reading?	0 ☐	1 ☐	2 ☐	3 ☐
2. Do you get sleepy, or doze off, while watching TV?	0 ☐	1 ☐	2 ☐	3 ☐
3. While sitting or inactive in a public place?	0 ☐	1 ☐	2 ☐	3 ☐
4. As a passenger in a car for an hour without a break?	0 ☐	1 ☐	2 ☐	3 ☐
5. Lying down to rest in the afternoon?	0 ☐	1 ☐	2 ☐	3 ☐
6. Sitting and talking to someone?	0 ☐	1 ☐	2 ☐	3 ☐
7. Sitting quietly after lunch without alcohol?	0 ☐	1 ☐	2 ☐	3 ☐
8. In a car, while stopped for a few minutes at a traffic light?	0 ☐	1 ☐	2 ☐	3 ☐
			Total Score	

Have you ever been diagnosed with sleep apnea?	☐ YES	☐ NO
Are you currently using CPAP? (or any other apnea/snoring device)	☐ YES	☐ NO
Are you currently taking any sleeping aids (prescribed or OTC)?	☐ YES	☐ NO
Are you currently taking any prescribed pain medication?	☐ YES	☐ NO

Oral Cancer

Please check the following appropriate boxes

1. Have you ever been diagnosed or have a family history of Oral Cancer?	☐ YES	☐ NO
2. Have you ever been diagnosed or have a family history **HPV**?	☐ YES	☐ NO
3. Do you currently use any tobacco products, or have used them in the past?	☐ YES	☐ NO
4. Do you use e-cigarettes or do you use vapor devices?	☐ YES	☐ NO
5. Do you regularly consume alcoholic beverages?	☐ YES	☐ NO

Oral Cancer

Oral Cancer is on the rise, and last year 34,000 Americans were diagnosed with oral or pharyngeal cancer. On average it will cause over 8,000 deaths, killing 1 person per hour, 24 hours a day. Of those 34,000 newly diagnosed individuals, only half will survive 5 years. The death rate of oral cancer is higher than that of other cancers which we hear about routinely such as cervical cancer, Hodgkin's lymphoma, laryngeal cancer, cancer of the testes, even in skin cancer.

The diagnosis of oral cancer is also directly related to the human papilloma virus, affecting 50% of those diagnosed with HPV. HPV has the potential to cause an abnormal growth on a particular part of your body including lesions in your mouth and upper respiratory system.

The alarming mortality rate associated with this disease is due to the lack of early detection. If oral cancer is detected early it is completely treatable.

The good news is we can detect the early signs of oral cancer with a Velscope oral cancer screening today. It is pain-free and only takes a few minutes. It is the best tool we have to help detect the early signs of oral cancer. The cost for this service is $35 and may be covered by your insurance company.

Please initial below:

_____ I have been informed regarding the risk of oral cancer and I wish to have the Velscope oral cancer screening today.

_____ I have been informed regarding the risk of oral cancer but I do NOT wish to have the Velscope oral cancer screening today. I assume all risk associated with the unforeseen diagnoses of oral cancer.

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