



Sleep Solutions **Please check all that apply to you.**

OF MISSISSIPPI



Cardiac System

- Atrial Fibrillation/Irregular Heartbeat/Pacemaker
- Congestive Heart Failure
- High Blood Pressure
- Pulmonary Hypertension
- Stroke
- Coronary Artery Disease
- Heart Attack
- High Cholesterol



Endocrine System

- Diabetes/Pre-Diabetes
- Low Testosterone Levels
- Obesity/Weight Gain



Other

- Acid reflux
- Lower Extremity Swelling
- Depression
- Decreased Sex Drive

Do You Have Sleep Apnea?

Please answer the following questions to find out if you are at risk for obstructive sleep apnea.

1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes No

2. Tired

Do you often feel tired, fatigued, or sleepy during the day?

Yes No

3. Observed

Has anyone observed you breathing abnormally while your sleep?

Yes No

4. Blood pressure

Do you have high blood pressure?

Yes No

Height _____ inches/cm Weight _____ lb/kg BMI _____

Age _____ Male/Female _____ Neck circumference* _____ inches



Sleep Solutions
OF MISSISSIPPI

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