|  |  |
| --- | --- |
| **Student Name:**  | **Sex: M or F (circle one)** |
| **Date of Birth:**  | **Date of Entry:**  |
| **EVERY VISIT** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
|  | / / | / / | / / | / / | / / | / / | / / |
| **Snoring? Gasping? (Y/N)** |  |  |  |  |  |  |  |
| **Daytime fatigue? Headaches? (Y/N)** |  |  |  |  |  |  |  |
| **Body mass index (BMI)** |  |  |  |  |  |  |  |
| **Blood pressure (BP)** |  |  |  |  |  |  |  |
| **Smoking status (Y/N)** **If yes, cessation plan? (Y/N)** |  |  |  |  |  |  |  |
| **TREATMENT OPTIONS** |  |
| **CPAP / VPAP / APAP (circle one)** |  |  |  |  |  |  |  |
| **Oxygen therapy (Y/N)**  |  |  |  |  |  |  |  |
| **Smoking cessation aids (Y/N)** |  |  |  |  |  |  |  |
| **Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |  |  |  |  |  |  |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |
| **EDUCATION** |  |
| **Nutrition** |  |  |  |  |  |  |  |
| **Exercise** |  |  |  |  |  |  |  |
| **Treatment adherence** |  |  |  |  |  |  |  |
| **ANNUAL OR AS INDICATED** |  |
| **Overnight sleep study**  |  |  |  |  |  |  |  |
| **ENT evaluation – tonsils/adenoids** |  |  |  |  |  |  |  |
| **Cardiac evaluation** |  |  |  |  |  |  |  |
| **Spirometry** **(FEV1 or FVC% predicted norm)** |  |  |  |  |  |  |  |
| **Pulse oximetry (% saturation)** |  |  |  |  |  |  |  |
| **PREVENTIVE**  |  |
| **Influenza vaccine (annual)**  |  |  |  |  |  |  |  |