|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |  |  |  | |  |  |  |  |