

Lonestar Sleep Diagnostics Patient Follow-Up Questionnaire

1. Have you had contact with your doctor since your sleep study to discuss the results of your sleep study?

No _____ Yes _____ Phone Call _____ Office Visit _____ Other _____

Was the follow-up adequate? Yes No

2. What was your diagnosis? Choose from the following:

_____ Obstructive Sleep Apnea	_____ Narcolepsy
_____ Upper Airway Resistance Syndrome	_____ Insomnia
_____ Periodic Limb Movements in Sleep	_____ Other _____
_____ Restless Legs	

3. What treatment was recommended?

_____ CPAP or BIPAP	_____ Surgery
_____ Diet and exercise	_____ Other _____

Medication (please list what type) _____

If using CPAP please answer the following:

How many nights per week do you use it? _____

How many hours per night do you use it? _____

Have you received a follow-up from your home health care dealer? Yes No

4. Are your original symptoms? Worse Same Better

5. Are you still experiencing sleep problems? If yes, what are your current symptoms?

6. Please rate your current sleep: Poor Good Excellent

7. If your needs were not met, how can we help? _____

Name _____ Phone# _____

Address _____

Please visit our website www.lonestarsleepdiagnostics.com Click Patient Education to fill this form out online.
Email to lonestarsleep@austin.rr.com