THRIVE
SLEEP & BREATHING
Making People Better

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Introducing: _____

Referred by: _____

Referred Address: _____

❑ Adult Referral ❑ Teen Referral ❑ Child Referral

Chief Complaint:

❑ Sleep ❑ Breathing ❑ Function ❑ TMJ/Pain ❑ Cosmetic

Has the patient had a sleep study? Yes ❑ No ❑ Unknown ❑
Have they been diagnosed with OSA (Obstructive Sleep Apnea)?
Yes ❑ No ❑ Unknown ❑

Complaints/Symptoms:

- ❑ Restless Sleep
- ❑ Mouth Breathing
- ❑ Asthma
- ❑ Ear Ringing/Infection
- ❑ Trouble Concentrating
- ❑ Daytime Drowsiness
- ❑ Morning Headaches
- ❑ TMJ Pain
- ❑ Speech Problems
- ❑ Bedwetting
- ❑ Facial Abnormalities
- ❑ Snoring
- ❑ Labored Breathing
- ❑ Chronic Allergies
- ❑ Struggles in Weight Management
- ❑ Anxiety/Aggression/Irritability
- ❑ Chronic Fatigue
- ❑ Bruxism
- ❑ Neck, Face, Jaw Pain
- ❑ Crowded/Crooked Teeth/Malocclusion
- ❑ Memory Issues
- ❑ Other: _____

Doctor Notes: _____

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