Before your visit

Appointment date: _____

What would I most like help with?

What have I noticed myself, and roughly when did it start?

How does it affect my sleep and daily life?

What have I tried, and what did I notice afterward?

What may be useful to bring

A current medication list, any previous test results, and a few notes. A partner can contribute if you want them to. Do not change medications to complete the sheet.

You do not need to finish a diary first

Discuss breathing pauses during sleep or significant daytime sleepiness with your healthcare provider. Do not delay that conversation to complete this sheet. The diary cannot diagnose or rule out sleep apnea.

Questions I want to prioritize

- [ ] What should we look into further?
- [ ] Would a sleep study or referral be appropriate for me?
- [ ] Who will explain my results, and when should I follow up?
- [ ] Which options fit my situation?
- [ ] What follow-up would I need?
- [ ] Who should I contact if symptoms continue or change?
- [ ] Who can confirm network status, prior authorization, and my estimated out-of-pocket cost?

My plan after the conversation

The next step we agreed on

Who will do what, and when?

How will I get results, and who can I contact?

Other questions or instructions

No account or submission. Write personal details by hand on your own copy. We do not save your checkmarks.