



Report made by: _____

No. of pages in this fax _____

PATIENT PROGRESS REPORT

Patient Name: _____ HC#: _____

Address: _____ Tel: _____

DOB(d.m.y): _____

Sleep Physician: _____ Sleep Lab: _____

Patient was contacted/seen at:

☐ Home ☐ Clinical Office ☐ Patients Office on (d.m.y): _____

This appointment was for the following:

☐ Follow-up: ____ wk/month

☐ Check-Up: ____ month/yr

Concerns/Problems:

- ☐ Mask leaks
- ☐ Sinus problem: _____
- ☐ Humidity issues
- ☐ Other mask problems: _____
- ☐ Pressure problems
- ☐ Oral leak
- ☐ Problems with noises/sounds
- ☐ Lack of compliance
- ☐ Other: _____

During this visit we:

- ☐ Serviced machine & Changed filter
- ☐ Downloaded sleep report (*the last 3-6months*)
- ☐ Refitted the mask
- ☐ Discussed/Adjusted humidity
- ☐ Machine calibration
- ☐ Switched mask to: _____
- ☐ Fitted for chinstrap
- ☐ Re-educated the patient on: _____
- ☐ Other: _____

***Compliance: AHI:** _____ **Avg. hrs/night** _____

Leak _____ **Compliance** _____

☐ Pressure Change / ☐ Setting Change

Original Pressure: ____ mins ramp from ____ cm H2O to ____ cm H2O, EPR/C-Flex ____

New Pressure: ____ mins ramp from ____ cm H2O to ____ cm H2O, EPR/C-Flex ____ or ☐ No Change

Humidity: _____ Temp.: _____ °C

☐ Trial / ☐ Set-up Follow Up

Patient has been on trial with CPAP for: ☐ from _____ to _____ with _____

The patient is: ☐ Refused trial ☐ Client has been taking care by another health care provider.

☐ Refusing CPAP treatment with refusal declaration forms signed

☐ Considering CPAP (or other alternatives) at a later time

☐ Not on CPAP. Several attempts made to contact patient for a Set-up with no success

Comments: