CPAP Intolerance

(Continuous Positive Airway Pressure device)
If you have attempted treatment with a CPAP device, but could not tolerate it please fill in this section:

Refuses CPAP	☐ Noise disturbing sleep and/or bed partner's sleep	Claustrophobic associations
☐ Mask leaks	☐ CPAP restricted movements during sleep	An unconscious need to remove the CPAP
☐ Inability to get the mask to fit properly	CPAP does not seem to be effective	Does not resolve symptoms
Discomfort from headgear	Pressure on the upper lip causing tooth related problems	Noisy
Disturbed or interrupted sleep	☐ Latex allergy	Cumbersome
Other		
Ot	ther Therapy Atte	mnts
include:		
Dieting	BiPAP	
□Weight loss	Uvulectomy (but continues to have s	symptoms)
□ Surgery (Uvuloplasty) □ Uvuloplasty (but continues to have symptoms)		
□ Surgery (Uvulectomy) □	Positional therapy (side sleeping)	
Pillar procedure	Nasal strips	
☐ Smoking cessation		
CPAP		
Patient Signature:		Date: