

CPAP INTOLERANCE FORM

PATIENT NAME: _____

I find CPAP intolerable to use on a regular basis due to the following reasons:

- I am unable to sleep with CPAP equipment in place.
- The noise from the device disturbs my sleep or my bed partner's sleep.
- I cannot find a comfortable mask.
- The mask leaks.
- I develop sinus / throat / ear / lung infections.
- I am allergic to materials in the mask and head straps.
- Claustrophobia
- I unconsciously remove the CPA apparatus at night.
- The pressure of the mask and straps cause tissue breakdown.
- My job and/or lifestyle prevent this form of therapy (e.g. Active Army / National Guard Duty)
- Prior throat surgery made CPAP intolerable.
- Refused to attempt CPAP usage.
- CPAP was ineffective in controlling my symptoms
- OTHER: _____
- _____

Because of my inability to tolerate CPAP and my need to control the signs and symptoms of OSA, I wish to use an alternative method of treatment and would like to use oral appliance therapy.

SIGNATURE: _____ DATE: _____

Provided by:

AAFE SLEEP
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