# Sleep Better Des Moines

**~ Specializing in Oral Appliance Therapy for the Treatment of Snoring, Sleep Apnea & TMJ ~**


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## *SLEEP / TMJ REFERRAL*

Patient Name: DOB:

Phone: Email:

Chief Complaint:

***Please check off possible sleep related signs and symptoms***

- ☐ Sleep Apnea, diagnosed
- ☐ Morning Headaches
- ☐ Daytime Sleepiness
- ☐ Intolerance to CPAP
- ☐ Snoring
- ☐ Sleep bruxism

***Please check off possible TMJ/craniofacial pain signs and symptoms***

- ☐ Neck Aches
- ☐ Limited jaw opening
- ☐ Clicking or locking jaw
- ☐ Fainting
- ☐ Chronic Fatigue
- ☐ Headaches
- ☐ Ear Pain
- ☐ Sleep bruxism
- ☐ Tinnitus
- ☐ Dizziness

***HEALTHCARE PROVIDER INFORMATION:***

Physician Name: NPI:

Address:

City: State: Zip:

Phone: Fax:

Provider Signature: Date:

***THANK YOU***