AIRWAY EVALUATION EXAM FORM

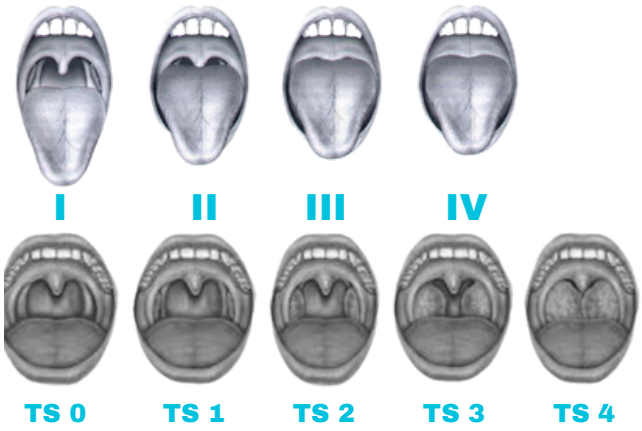
PATIENT INFORMATION

Last Name _____ First Name _____
Date _____ Chart _____
DOB ___ / ___ / _____ Sex - M/F Height _____ Weight _____
Blood Pressure _____ Pulse _____ Neck: _____

Take hypertension medication? Yes No **Smoke? Yes/No** **Chew? Yes /No**

Mallampati Classification (Circle One)

Tongue out, but not saying "ahhh" or using a tongue depressor



Tongue Size / Grade

____ Normal: Below mandibular occlusal
____ Even with mandibular occlusal plane
____ Above mandibular occlusal plane
____ Overlapping occlusal surface of teeth

Sleep Disordered Breathing Symptoms

- ☐ Clenching / Bruxing
- ☐ Abfractions
- ☐ GERD(Gastro Esophageal Reflux)
- ☐ Morning Headaches
- ☐ Scalloped Tongue
- ☐ Type II Diabetes
- ☐ Menopause
- ☐ C-PAP ___ Nose ___ Full Face
- ☐ PCOS (Polycystic Ovarian Syndrome)
- ☐ Tonsils ___ Tonsil Stones ___ Adenoids

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