

QI0506-11/08

## CPAP Callback Follow Up Form

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Follow Up Phone# \_\_\_\_\_

Technician performing follow up \_\_\_\_\_

Date of Setup \_\_\_\_\_ Time \_\_\_\_\_

Type of Equipment \_\_\_\_\_ Type of Mask \_\_\_\_\_

Does the patient fully understand how to use and clean the equipment? \_\_\_\_\_

How many hours did the patient use the equipment the first night? \_\_\_\_\_

If using a heated humidifier, was temperature comfortable? \_\_\_\_\_

Does the patient have any questions on the mask or mask fitting? \_\_\_\_\_

*(Medicare Patients Only)*

Has the patient set an appointment to have their equipment downloaded or been instructed in how to send in the data card for compliance review?

(enter date of download appointment) \_\_\_\_\_

Has the patient set an appointment with their physician for follow up? \_\_\_\_\_ (enter date)

Notes:

Did the technician sense that the patient is not comfortable with the equipment? \_\_\_\_\_

If yes, schedule another appointment with the patient

Date of next appointment with sleep technician scheduled \_\_\_\_\_

Send Report to Doctor: \_\_\_\_\_

*We will continue this process until the patient is completely comfortable with the use and cleaning of the equipment provided. You will need to schedule a follow up appointment with your Medicare patients after the first 30 days of therapy to confirm compliance with the therapy regiment and document improvements in symptoms.*

Technician Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Medical  
800-880-9748

*Complete this follow up report within the first 7 days following setup*