

EVALUATION OF RESPIRATORY ASSIST DEVICE

Client Name _____	
Client Phone Number () _____	Client Birth Date _____
The Supplier may not answer any of the following questions.	
1. Are you now using a machine that helps you take your breaths while you are asleep (separate from a machine that may be giving you oxygen or medicine)?	Circle one YES NO
2. How many hours a day do you usually use this machine?	Hours _____
3. How many months have you been using this machine?	Months _____
4. Will you keep using this treatment in the future?	Circle one YES NO
5. Did you personally answer questions 1 - 5?	Circle one YES NO
<p>If you did not answer these questions, who did answer them and what is their relationship to you (for example: wife, husband, caregiver, supplier of machine, etc.)?</p> <p>Name _____</p> <p>Relationship _____</p>	
<p>Client Signature _____ Date of Signature _____</p>	