

Patient Name: _____
 Address: _____
 Telephone/Mobile: _____
 Email Address: _____

DOB: ____/____/____
 Postcode: _____
 Gender: _____
 Uninsured Private Fund DVA

Patient History

- Cardiovascular history – Details: _____
- Respiratory history – Details: _____
- Other medical problems – Details: _____
- Special assistance required – Details: _____

Provisional Diagnosis (reason for test):

- Obstructive Sleep Apnoea
- Restless Leg Syndrome
- REM Behavior Disorder
- Insomnia
- Central Sleep Apnoea
- Parasomnias
- Narcolepsy
- Other _____

Requested Procedure(s)

- Diagnostic Sleep Study (laboratory)
- Home Sleep Apnoea Test
- Consultation by Sleep Physician required**

Referring Doctor's Details:

Please stamp/insert details (Including Provider n.o):

Signature: _____

Date: ____/____/____

A Diagnostic in-lab and home sleep study can only be directly referred if there is a high clinical suspicion for obstructive sleep apnoea (Stop Bang ≥ 4 AND ESS ≥ 8). If the nominated criteria is not met then a sleep physician consultation is required prior to the test being performed.

StopBang Questionnaire

- | | | |
|--|-----|----|
| 1. Do you SNORE loudly? Loud enough to be heard through closed doors? | YES | NO |
| 2. Do you often feel TIRED , fatigued or sleepy during the day? | YES | NO |
| 3. Has anyone OBSERVED you stop breathing during your sleep? | YES | NO |
| 4. Do you have or are being treated for high blood PRESSURE ? | YES | NO |
| 5. BMI more than 35 kg/m ² ? - Height: _____ cm Weight: _____ kg | YES | NO |
| 6. AGE over 50 years old? | YES | NO |
| 7. NECK circumference >40cm? - _____ cm | YES | NO |
| 8. GENDER : Male? | YES | NO |

Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation:

0 = Would **never** doze 1 = **Slight** chance of dozing 2 = **Moderate** chance of dozing 3 = **High** chance of dozing

- | | | | | |
|--|---|---|---|---|
| 1. Sitting and reading | 0 | 1 | 2 | 3 |
| 2. Watching TV | 0 | 1 | 2 | 3 |
| 3. Sitting, inactive in a public place (e.g. theatre or a meeting) | 0 | 1 | 2 | 3 |
| 4. As a passenger in a car for an hour without a break | 0 | 1 | 2 | 3 |
| 5. Lying down to rest in the afternoon when circumstances permit | 0 | 1 | 2 | 3 |
| 6. Sitting and talking to someone | 0 | 1 | 2 | 3 |
| 7. Sitting quietly after lunch without alcohol | 0 | 1 | 2 | 3 |
| 8. In a car, while stopped for a few minutes in the traffic | 0 | 1 | 2 | 3 |

Office use only:

- NPH Evan St HDHS

Test date will be confirmed directly with the patient We may contact you for further details if required.

Please fax your completed request to Nepean Lung & Sleep on 02 4722 5386

or email reception@nepeanlungandsleep.com.au

Office: 28 Derby St Kingswood 2747

