

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 \_\_\_\_\_

Stop Bang Score: \_\_\_\_\_ or OSA50: \_\_\_\_\_ AND Epworth Sleepiness Scale: \_\_\_\_\_

### Requested Procedure(s)

- Diagnostic Sleep Study (Level 1) – Reason: \_\_\_\_\_  
 CO<sub>2</sub> monitoring     Oral appliance     Positional Device     Other: \_\_\_\_\_
- Home Sleep Apnoea Test – (level 2)
- Overnight oximetry – (Level 3)
- Pressure Determination/review study     CO<sub>2</sub> monitoring  
 CPAP – Pressures(s): \_\_\_\_\_  
 BiPAP – Pressure(s): \_\_\_\_\_
- Actigraphy –  7 Days     14 Days
- Nocturnal polysomnogram + Multiple Sleep Latency Test (MSLT) -  With PAP: \_\_\_\_\_
- Nocturnal polysomnogram + Maintenance of Wakefulness Test (MWT)-  With PAP: \_\_\_\_\_

**Other testing requirements:**     Supplemental O<sub>2</sub> \_\_\_\_\_ L/min     Arterial Blood Gases (AM & PM)

### Referring Doctor's Details:

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

### Office use only:

- NPH     Derby 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](mailto:reception@nepeanlungandsleep.com.au)

Office: 28 Derby St Kingswood 2747

