

BREATHE
SLEEP MEDICINE



Please fax referral to: (07) 3569 4342 Or email to: support@breathersm.com.au
Medical Objects search: Daniel Judge, Breathe or Sleep Provider No: 521551TY
Breathe Sleep Medicine will contact your patient with the next available appointment

PATIENT DETAILS:

Title: _____ Name: _____ Date of Birth: _____
Phone No: _____
Email Address: _____ Medicare No: _____

REQUIRED:

PLEASE CHOOSE OPTION 1 **OR** OPTION 2

OPTION 1

- Physician consultation (referral includes sleep study if indicated)
No further information required. Go to Referring Doctor's details.

OR OPTION 2

- Diagnostic sleep study **without** physician review.
For Option 2, Medicare rules require that **A and B must be completed:**
- A.** Epworth Sleepiness Scale score of 8 or more
AND
 - B.** OSA 50 score of 5 or more **OR** STOP-Bang score of 3 or more
(Scores on back)

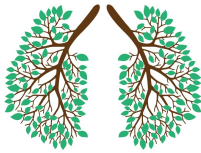
ADDITIONAL SERVICES

- Sleep psychology
 Dental sleep medicine

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

Name: _____ Practice: _____
Address: _____ Provider No: _____
Signature: _____ Date: _____



BREATHE

SLEEP MEDICINE

OSA 50 SCREENING QUESTIONNAIRE

Obesity

Waist circumference:
Male >102cm or Females >88cm

3

Snoring

Has your snoring ever bothered other people?

3

Apnoeas

Has anyone noticed that you stop breathing during your sleep?

2

Age

Are you aged of 50 years or over?

2

Total score

/10

STOP-BANG SLEEP APNOEA QUESTIONNAIRE

STOP

Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)?

Yes No

Do you often feel **TIRED**, fatigued, or sleepy during the daytime?

Yes No

Has anyone **OBSERVED** you stop breathing during your sleep?

Yes No

Do you have or are you being treated for high blood **PRESSURE**?

Yes No

BANG

BMI more than 35kg/m²

Yes No

AGE over 50 years old?

Yes No

NECK circumference > 16 inches (40cm)?

Yes No

GENDER: Male?

Yes No

Total score

High risk of OSA: Yes 5 - 8
Intermediate risk of OSA: Yes 3-4
Low Risk of OSA: Yes 0 - 2



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

It is important that you answer each question as best you can.

Situation

Chance of dozing
0 - 3

Sitting and reading

Watching TV

Sitting, inactive in a public place (e.g. a theatre or a meeting)

As a passenger in a car for an hour with a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking to someone

Sitting quietly after a lunch without alcohol

In a car, while stopped for a few minutes in the traffic