

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)

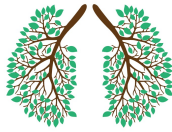
CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

Name: _____ Practice: _____

Address: _____ Provider No: _____

Signature: _____ Date: _____



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