

PATIENT DETAILS:

Name: _____ Date of Birth: _____

Address: _____

Phone No: _____ Medicare No: _____

Email Address: _____

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:(see back page)**
- 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)

LUNG FUNCTION TEST

- Detailed lung function test _____
- Six minute walk test _____

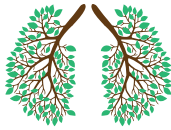
CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

Name: _____ Practice: _____

Address: _____ Provider No: _____

Signature: _____ Date: _____



OSA 50 SCREENING QUESTIONNAIRE

	If yes, SCORE
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