



Name:

Date of Birth:

Telephone:

Address:

Medicare No.

Private Health Insurance: ☐ Yes ☐ NO

REQUEST FOR:

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE:

SLEEP ASSESSMENT

☐ Urgent (appointment within 7 Days)

☐ Commercial Vehicle Driver or Pilot

☐ Coronary Heart Disease

☐ Cerebrovascular Accident

☐ Hypertension requiring ≥ 3 medications

☐ Non Urgent

SLEEP STUDIES

☐ Home Based Polysomnography

☐ In Laboratory Polysomnography

☐ Private Hospital

☐ Public Hospital

* To be considered for direct referral for a sleep study please complete the Epworth Sleepiness Scale and STOP BANG Form. MBS criteria requires ESS ≥ 8 and STOP BANG ≥ 4 to be eligible for direct referral for a sleep study.

RESPIRATORY ASSESSMENT

☐ Urgent (appointment within 7 Days)

☐ Lung Nodule or Lung Mass

☐ Severe Respiratory Disease

☐ Non Urgent

LUNG FUNCTION TESTS

☐ Spirometry & Gas Transfer

☐ Spirometry Without Gas Transfer

☐ 6 Minute Walk Test

☐ Bronchoprovocation Test (Mannitol Challenge)

STOP BANG QUESTIONNAIRE

1: SNORING

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

☐

YES

☐

NO

2: TIRED

Do you often feel tired, fatigued, or sleepy during daytime?

☐

YES

☐

NO

3: OBSERVED

Has anyone observed you stop breathing during your sleep?

☐

YES

☐

NO

4: BLOOD PRESSURE

Do you have or are you being treated for high blood pressure?

☐

YES

☐

NO

5: BMI

Is your BMI more than 35 kg/m²? (If unsure please leave blank)

☐

YES

☐

NO

6: AGE

Are you over 50 years old?

☐

YES

☐

NO

7: NECK CIRCUMFERENCE

Is your neck circumference greater than 40 cm?

☐

YES

☐

NO

8: GENDER

Are you male?

☐

YES

☐

NO

Frances Chung, F.R.C.P.C.,
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EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the in the situations described below, in contrast to feeling tired? This refers to your usual way of life in recent times.

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

SITUATION CHANCE OF DOZING

Sitting and reading?

☐

Watching TV?

☐

Sitting, inactive in a public place (eg. a theatre or a meeting)?

☐

As a passenger in a car for an hour without a break?

☐

Lying down to rest in the afternoon when circumstances persist?

☐

Sitting and talking to someone?

☐

Sitting quietly after a lunch without alcohol?

☐

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

☐

TOTAL SCORE

☐