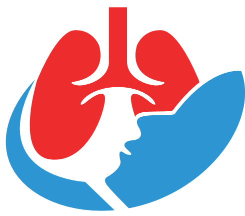

SOUTHERN®
RESPIRATORY & SLEEP SPECIALISTS
Southernrespiratorysleep.com.au

Dr Sameh Samuel MBBS FRACP
Respiratory, Sleep & General Physician
Dr Haider Naqvi MBBS FRACP
Respiratory & Sleep Physician
Wollongong Phone: (02) 8515 9933
Fax: (02) 8324 9162
Email: info@southernrespiratorysleep.com.au
Healthlink EDI: sthresps

Patient Details

Name: ....
Address: ....
DOB: ....
Phone: ....
Email: ....

Gender: ☐ **Male** ☐ **Female**
Medicare No: ....
DVA No: ....
Concession No: ....
Card Expiry: ....

Co-morbidities

- ☐ **Sleep Apnoea**
- ☐ **Hypertension**
- ☐ **Diabetes**
- ☐ **Cardiovascular Disease**
- ☐ **Stroke**
- ☐ **Atrial Fibrillation**

Symptoms

- ☐ **Snoring**
- ☐ **Restless Legs**
- ☐ **Cough / Wheeze**
- ☐ **Witnessed Apnoea**
- ☐ **Shortness of Breath**
- ☐ **Daytime Sleepiness**

Services

- ☐ **Sleep / Respiratory Consultation**
- ☐ **Spirometry / Lung Function Test**
- ☐ **Diagnostic Sleep Study**
- ☐ **Rhinomanometery**
- ☐ **CPAP Titration / Review Study**
- ☐ **CPAP Therapy / Follow Up**

ESS Questionnaire

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? Use the following scale to choose the most appropriate score.

0 = Would never doze, 1 = Slight chance of dozing
2 = Moderate chance of dozing 3 = High chance of dozing

Circle one score for each

Situation	**Chance of Dozing (0-3)**			
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3

TOTAL SCORE ....

Stop Bang Questionnaire

PLEASE TICK each situation:

- ☐ **S** - Does the patient snore loudly?
- ☐ **T** - Does the patient often feel tired, fatigued or sleepy during the daytime?
- ☐ **O** - Has anyone observed the patient stop breathing during sleep?
- ☐ **P** - Does the patient have, or is the patient being treated for high blood pressure
- ☐ **B** - Does the patient have a BMI more than 35?
- ☐ **A** - Age over 50 years old
- ☐ **N** - Neck circumference more than 40cm?
- ☐ **G** - Gender - Is the patient a Male?

TOTAL SCORE ....

Medicare guidelines require patient screening to determining the most appropriate test/consultation. Direct testing may be appropriate if the patient has high risk for moderate-severe OSA: ESS score of ≥ 8 and a score of ≥ 3 on a validated STOP BANG questionnaire.

Referring Doctor

Name: ....
Provider No: ....
Phone: ....
Fax: ....
Address: ....
Signature: ....
Date: ....

Stamp

Please Fax Referral to (02) 4252 7334