Darwin Respiratory and Sleep Health - REQUEST FOR SLEEP STUDY

Ground Floor, Darwin Private Hospital, Rocklands Drive Tiwi NT 0810
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Please organise a sleep study for my patient: Date:

☐ Home sleep study ☐ In-Lab sleep study ☐ Physician consultation

(Referring doctor to complete eligibility criteria for sleep study – ESS + STOP BANG OR OSA 50)

PATIENT DETAILS		**REFERRER DETAILS**	
SURNAME:		NAME:	
GIVEN NAMES:		PROVIDER NUMBER:	
DOB:	GENDER:	ADDRESS:	
PHONE:	MOBILE:	PHONE:	FAX:
ADDRESS:		SIGNATURE:	
EMAIL: tiziana.buysman@live,coma.		PLEASE PROVIDE RELEVANT CLINICAL DETAILS:	
PRIVATE HEALTH FUND: ☐ Yes ☐ No			
MEDICARE NO: DVA:		WEIGHT: _____KG BMI: _____	

PATIENT PRESENTATION:

SNORING / WITNESSED APNOEAS ☐
EXCESSIVE DAYTIME SLEEPINESS ☐
DAYTIME FATIGUE AND TIREDNESS ☐
OTHER _____
_____

COMORBID CONDITIONS:

HYPERTENSION ☐
DIABETES ☐
HEART DISEASE ☐
OTHER _____

STOP-BANG QUESTIONNAIRE
1 point for each YES

Do you snore loudly? ☐ Y ☐ N
Do you often feel tired, fatigued or sleepy during the day? ☐ Y ☐ N
Has anyone observed you stop breathing during your sleep? ☐ Y ☐ N
Do you have or are you being treated for high blood pressure? ☐ Y ☐ N
Are you obese/very overweight – BMI more than 35kg/m^2? ☐ Y ☐ N
Age over 50 years old? ☐ Y ☐ N
Neck circumference greater than: 43cm (male) or 41cm (female)? ☐ Y ☐ N
Are you male? ☐ Y ☐ N

Total score: _____
Total score must be > 4 to meet criteria

EPWORTH SLEEPINESS SCALE (ESS)
0 = Would never doze, 1 = Slight chance of dozing, 2 = Moderate chance of dozing, 3 = High chance of dozing

Sitting and reading ……
Watching TV ……
Sitting, inactive in a public place ……
As a passenger in a car for an hour without a break
Lying down in the afternoon when circumstances permit ……...
Sitting and talking with someone ……
Sitting quietly after lunch without alcohol ……
In a car, while stopped for a few minutes in traffic …

Total score: _____
Total score must be > 8 to meet criteria

OSA 50 SCREENING QUESTIONNAIRE

	If YES, score
Waist circumference: Male > 102cm Female > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2

Total score: _____
Total score must be > 5 to meet criteria

☐ Patient meets criteria for home or hospital sleep study without physician consultation

☐ Please arrange consultation with sleep physician OR patient does not meet criteria