Darwin Respiratory and Sleep Health - REQUEST FOR SLEEP STUDY

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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 BAN	G OR OSA 50)

PATIENT DETAILS		REFERRER DETAILS		
SURNAME:		NAME:		
GIVEN NAMES:		PROVIDER NUMBER:		
DOB:	GENDER:	ADDRESS:		
PHONE:	MOBILE:	PHONE: FAX:		
ADDRESS:		SIGNATURE:		
EMAIL: PRIVATE HEALTH FUND:		PLEASE PROVIDE RELEVANT CLINICAL DETAILS:		
	□ Yes □ No			
MEDICARE NO:				
DVA:		WEIGHT:KG BMI:		
PATIENT PRESENTATION: SNORING / WITNESSED APNOEAS EXCESSIVE DAYTIME SLEEPINESS DAYTIME FATIGUE AND TIREDNESS OTHER		EPWORTH SLEEPINESS SCALE (ESS) 0 = Would never doze, 1 = Slight chance of dozing, 2 = Moderate chance of dozing, 3 = High chance of dozing		
COMORBID CONDITIONS: HYPERTENSION DIABETES HEART DISEASE OTHER STOP-BANG QUESTIONNAIRE 1 point for each YES Do you snore loudly?		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		
day?	g treated for high blood ght – BMI more than N than: 43cm (male) or 41cm	OSA 50 SCREENING QUESTIONNAIRE If YES, score Waist circumference: Male > 102cm Female > 88cm		
<u>Total score r</u>	Total score: must be > 4 to meet criteria	Total score: <u>Total score must be > 5 to meet criteria</u>		

☐ Patient meets criteria for home or hospital sleep study without physician consultation
☐ Please arrange consultation with sleep physician OR patient does not meet criteria