

Patient Details

Name: Telephone 1:

Address: Telephone 2:

..... Email:

Medicare No/DVA No: DOB: / / Healthfund:

Service Requested

Diagnostic Sleep Study - to confirm diagnosis of Obstructive Sleep Apnea and specialist consultation where deemed appropriate by the sleep physician

Clinical history:

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Important: Please complete the 3 following questionnaires to assist in the assessment of your patient.

Medical Co-Morbidities (Please complete as appropriate)

Height (cm) =	<input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> AF <input type="checkbox"/> Cardiac failure <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> COPD	Previous sleep study:
Weight (kg) =	<input type="checkbox"/> Other Co-Morbidities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMI (kg/m ²) =	Date: / /

STOP-BANG¹ Questionnaire (Please tick)

<input type="checkbox"/> S – Does the patient SNORE loudly?
<input type="checkbox"/> T – Does the patient often feel TIRED, fatigued or sleep during daytime?
<input type="checkbox"/> O – Has anyone OBSERVED the patient stop breathing during sleep?
<input type="checkbox"/> P – Does the patient have or is the patient being treated for high blood PRESSURE?
<input type="checkbox"/> B – Does the patient have a BMI more than 35?
<input type="checkbox"/> A – AGE over 50 years old
<input type="checkbox"/> N – NECK circumference (shirt size) more than 40cm / 16 inches
<input type="checkbox"/> G – Is the patient a MALE?
TOTAL SCORE

or

OSA50²: A score of ≥ 5

O Obesity (3)	Waist circumference: Male >102cm or Female >88cm
S Snoring (3)	Has your patient's snoring ever bothered other people?
A Apnea (2)	Has anyone noticed that your patient stopped breathing during sleep?
50 (3)	Is your patient aged 50 years or over?
() = score	TOTAL score <input style="width: 50px;" type="text"/>

and

Epworth Sleepiness Scale² Questionnaire

For the 8 situations in the table below, how likely is the patient to doze off or fall asleep, in contrast to feeling just tired? Even if the patient has not done some of these things recently, ask them how the situations *would have* affected them.

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. Then add up the scores.

Scenario	Circle one score for each scenario			
	0	1	2	3
Sitting and reading				
Watching television				
Sitting inactive in a public place (eg. theatre or meeting)				
As a passenger in a car for an hour without a break				
Lying down in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped for a few minutes in traffic				
TOTAL SCORE (add up total responses)				

New Medicare guidelines require careful patient screening prior to determining the most appropriate test/consultation. Direct referral for testing may be appropriate if the patient has a high probability for moderate-severe OSA: - a score of 4 or more on the STOP-BANG questionnaire
AND
- a score of 8 or more on the Epworth Sleepiness Scale.

Referring Doctor

Name:

Provider#:

Consulting room:

Telephone:

Signature:

Date:

¹ Chung F et al Anaesthesiology 2008; 108(5): 812-21 & Br J Anaesth 2012; 108(5): 768-75 ² Johns M Sleep 1991; 14(6): 540-545

About Us

Air Liquide Healthcare is Australia's largest facilitator of sleep diagnostic, treatment and patient management services for patients with sleep apnea. Our sleep technicians facilitate the sleep testing process on behalf of an independent sleep physician.

For more information on sleep apnea and sleep studies, please visit us online at: www.deepersleep.com.au, or airliquidehealthcare.com.au.

NSW

Suburb	Address	State	P/C
Bathurst	105 Keppel Street	NSW	2795
Dubbo	215A Brisbane Street	NSW	2830
Forbes	4-6 Elgin Street	NSW	2871
Katoomba	3 Woodlands Road	NSW	2780
Leura	1 Grose Street	NSW	2780
Mudgee	91 Church Street	NSW	2850
Orange	Shop 1/155 Dalton Street	NSW	2800
Parkes	91 Clarinda Street	NSW	2870

Preparing for your sleep test

Booking an appointment

For enquiries and bookings please contact:
tel. (02) 6331 7851 • fax. 1800 270 779
email: admin@deepersleep.com.au

On the day of your test

- Ensure you are not wearing nail polish or acrylic finger nails
- Please bring a list of your current prescription medications
- For the take home test, you will use the sleep recorder to record your sleep for one night following your appointment. In the morning, you will need to return the sleep recorder to the location where you had the appointment, by 9:30 am.