

Experts in snoring, sleep and sleep apnoea

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Patient:

Phone:

DOB:

Mobile:

Address:

Email:

.....

Medicare:

HGT: WGT: BMI: ESS:/24 (questionnaire back of page)

Service Requested:

- Sleep Test CPAP Trial Equipment Purchase

Symptoms:

- Snoring Wake Unrefreshed Depression Tired Driving
 Gasping Apnoea Nocturia Bruxism
 Choking Reflux Wake Headache

Cardio-vascular Risk Factors:

- Smoking Hypertension Diabetes Family History CVD

Active Medical Issues:

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Medications:

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Dr: Phone:

Provider: Clinic Details:

**Once referral is complete please fax, e-mail or post to Sleep Right Australia*



To refer to sleep right Australia send referrals via fax 1300 662 883
 email anunn@sleepright.com.au or post 82 Ovens Street Wangaratta 3677

Mansfield Wangaratta Cobram Shepparton Benalla Alexandra Euroa

Epworth Sleepiness Scale

SITUATION	CHANCE OF DOZING
Sitting and reading
Watching TV
Sitting inactive in a public place (e.g 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 permit
Sitting and talking to someone
Sitting quietly after lunch without alcohol
In a car, while stopped for a few minutes in traffic

TOTAL _____ /24

- 3- High chance of dozing off
- 2- Moderate chance of dozing off
- 1- Slight chance of dozing off
- 0- No chance of dozing off

