



# Sleep Right

A U S T R A L I A

Experts in Sleep Apnoea and Snoring

**1800 799 950**

f. 1300 662 883

82 Ovens Street Wangaratta 3677

e. [info@sleepright.com.au](mailto:info@sleepright.com.au)

w. [sleepright.com.au](http://sleepright.com.au)

Referral to: Dr David Cunnington (Sleep and Respiratory Physician)

Patient: .....

Phone: .....

DOB: .....

Mobile: .....

Address: .....

Email: .....

.....

Medicare: .....

HGT: ..... WGT: ..... BMI: ..... ESS: ..... /24 STOP BANG: ..... /8

*(questionnaires back of page)*

### Service Requested:

- Home-based Sleep Study for the Diagnosis of Obstructive Sleep Apnea
- CPAP Trial  CPAP Equipment Review

### Symptoms:

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

Other Symptoms: .....

### Cardio-vascular Risk Factors:

- Smoking  Hypertension  Diabetes  Family History CVD

### Active Medical Issues::

.....

### Medications

.....

Dr:

Phone:

Provider:

Clinic Details:

Signature:

Date:

*\*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 [info@sleepright.com.au](mailto:info@sleepright.com.au) or post 82 Ovens Street Wangaratta 3677

Wangaratta Mansfield Cobram Shepparton Albury/Wodonga Benalla Yarrawonga



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## Epworth Sleepiness Scale

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

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	.....
	<b>TOTAL</b> ..... /24

## STOP-BANG Sleep Apnea Questionnaire

High risk of OSA: Yes 5 - 8  
Intermediate risk of OSA: Yes 3 - 4  
Low risk of OSA: Yes 0 - 2

STOP/BANG	YES	NO
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?		
Do you often feel TIRED, fatigued, or sleepy during daytime?		
Has anyone OBSERVED you stop breathing during your sleep?		
Do you have or are you being treated for high blood PRESSURE?		
BMI more than 35kg/m <sup>2</sup> ?		
AGE over 50 years old?		
NECK circumference > 16 inches (40cm)?		
GENDER: Male?		
	<b>TOTAL</b> .....	<b>/8</b>

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