

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

Patient:

Phone:

DOB:

Mobile:

Address:

Email:

Medicare:

HGT:

WGT:

BMI:

ESS:

/24

STOP BANG:

/8

**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

Daytime Sleepiness

Other Symptoms:

**Cardio-vascular Risk Factors:**

Smoking

Hypertension

Diabetes

Family History CVD

**Active Medical Issues:**

**Medications:**

**The patient is suitable for an unattended, Home Sleep Study and does not have any of the following:**

- An Intellectual or cognitive impairment
- A Physical disability with inadequate carer assistance
- Significant Co-Morbidities or suspected non OSA disorder
- Previously failed or inconclusive unattended study
- Unsuitable Home environment or High anxiety level regarding study location

Yes

No

Dr:

Phone:

Provider:

Clinic Details:

Signature:

Date:

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

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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 /24</b>

## 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 <b>SNORE</b> loudly (louder than talking or loud enough to be heard through closed doors)?		
Do you often feel <b>TIRED</b> , fatigued, or sleepy during daytime?		
Has anyone <b>OBSERVED</b> you stop breathing during your sleep?		
Do you have or are you being treated for high blood <b>PRESSURE</b> ?		
<b>BMI</b> more than 35kg/m2?		
<b>AGE</b> over 50 years old?		
<b>NECK</b> circumference > 16 inches (40cm)?		
<b>GENDER</b> : Male?		
	<b>TOTAL</b>	<b>/8</b>