



## SLEEP & LIFESTYLE CLINIC

PHILLIP CLINIC: (02) 6162 1802

- 61 Dundas Court • Fax (02) 6162 1812
- Email: [reception@sleepandlifestyle.com.au](mailto:reception@sleepandlifestyle.com.au)



**specialistservices**  
MEDICAL GROUP

### ALL SLEEP STUDY BOOKINGS:

Ph: (02) 6162 1802

Fax: (02) 6162 1812

Email: [reception@sleepandlifestyle.com.au](mailto:reception@sleepandlifestyle.com.au)

- Website: [www.sleepandlifestyle.com.au](http://www.sleepandlifestyle.com.au)

- Sleep Physician Dr David Michail M.B.B.S., F.R.A.C.P. • PO Box 3655, Weston ACT 2611 • Appointments: (02) 6162 1802

### SELECT ONE OPTION

See overleaf  
for home sleep  
study criteria.

- ☐ Patient is appropriate for home sleep study (ESS  $\geq$  8 and STOP-BANG  $\geq$  3)
- ☐ Patient does not meet criteria and requires further assessment/consultation
- ☐ Sleep & Lifestyle Clinic/Specialist Services to assess this patient for sleep study
- ☐ Treatment

## PATIENT/ CLINICAL DETAILS

Name ..... D.O.B. ....

Address..... Postcode .....

Email ..... Mobile .....

Tel (H/W) ..... GENDER ☐ Male ☐ Female

General pHx ☐ Hypertension ☐ Heart Failure ☐ Ischaemic Heart Disease

☐ Diabetes ☐ Atrial Fibrillation ☐ Overweight/Obesity

Sleep pHx ☐ Snoring ☐ Witnessed apnoeas ☐ Daytime tiredness or sleepiness

☐ Poor Sleep ☐ Choking or gasping ☐ Insomnia ☐ Nocturia

Other: .....

## REFERRING DOCTOR

Name ..... Tel .....

Provider No ..... Fax/Email: .....

Address ..... Postcode .....

Signature ..... Date ..... / ..... / .....

Copy to .....

Sign and date  
this section.

# REFERRAL FORM

## Completion at the time of referral is preferred

To be eligible for an immediate booking for a home sleep study without seeing a Sleep Physician face-to-face at a consultation, a score of 8 or more must be recorded.

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times (even if you haven't done some of these things recently).

ESS	CHANCE OF DOZING (CIRCLE YOUR RESPONSE)			
	NONE	SLIGHT	MODERATE	HIGH
Sitting & reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3
<b>TOTAL (add all the responses)</b>				

And to be eligible for a home sleep study without seeing a Sleep Physician face-to-face a score of 3 or more must be recorded.

STOP-BANG	YES	NO
Do you <b>Snore Loudly</b> (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?		
Do you often feel <b>Tired, Fatigued, or Sleepy</b> during the daytime (such as falling asleep during driving or talking to someone)?		
Has anyone <b>Observed</b> you <b>Stop Breathing</b> or <b>Choking/Gasping</b> during your sleep?		
Do you have or are being treated for <b>High Blood Pressure</b> ?		
<b>Body Mass Index</b> more than 35 kg/m <sup>2</sup> ?  Divide your weight in kilograms by your height in metres squared (ie. Height times height) or use the calculator at <a href="http://stopbang.ca/osa/screening.php">http://stopbang.ca/osa/screening.php</a>		
<b>Age older than 50?</b>		
<b>Neck size large? (Measured around Adams apple)</b>  For male, is your shirt collar 17 inches/ 43cm or larger? For female, is your shirt collar 16 inches/ 41cm or larger?		
<b>Gender= Male?</b>		
<b>TOTAL SCORE (1 Point for each Yes response)</b>		