sleepap

P: 02 9633 4004
F: 02 7813 2707

admin@sleepap.com.au
sleepap.com.au

209/151 Hawkesbury Road,
Westmead, NSW 2145

Please visit your GP to have it completed and signed. You can submit the completed form via admin@sleepap.com.au or by faxing it to 02 7813 2707.

## PATIENT DETAILS

| | |
|---|---|
| Name | |
| Address | |
| Commercial licence (if applicable) | ☐ Yes ☐ No |
| Gender | ☐ Male ☐ Female |
| Height | |
| Weight | |
| Phone | |
| Mobile | |
| Email | |
| Date of birth (DD/MM/YYYY) | |
| Medicare/DVA number | |
| Reference number | |
| Expiry date | |
| Health insurance | ☐ Concession ☐ Private |

## DOCTOR'S DETAILS

| | |
|---|---|
| Name | |
| Address | |
| Phone | |
| Fax | |
| Provider number | |
| Email | |
| Signature | |
| Date | |
| Please stamp if available | |

## COMORBIDITIES

☐ Atrial fibrillation ☐ Diabetes ☐ Stroke/TIA ☐ Depression
☐ Hypertension ☐ COPD ☐ Cardiac failure ☐ Other _____

## PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE ON BEHALF OF PATIENT

| | |
|---|---|
| Sleep study type: | ☐ Overnight home study ☐ CPAP trial |
| Other services: | ☐ Physician consultation ☐ CPAP equipment review |
| Results required: | ☐ Standard. ☐ Urgent ☐ Email. ☐ Fax |

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## STOP-BANG (PLEASE TICK)

| | |
|---|---|
| Do you snore loudly (louder than talking or can be heard through closed doors)? | ☐ Yes ☐ No |
| Do you often feel tired, fatigued, or sleepy during the daytime? | ☐ Yes ☐ No |
| Has anyone observed you stop breathing during your sleep? | ☐ Yes ☐ No |
| Do you have or are you being treated for high blood pressure? | ☐ Yes ☐ No |
| Has a BMI of more than 35kg/m2? | ☐ Yes ☐ No |
| Are you over the age of 50? | ☐ Yes ☐ No |
| Has a neck circumference greater then 40cm? | ☐ Yes ☐ No |
| Are you male? | ☐ Yes ☐ No |

NOTE: Answering yes to four or more questions will support patient eligibility for a bulk billed sleep study to be conducted. Answering yes to three or less questions will require the patient to have a consultation with a Sleep Physican prior to conducting a bulk billed sleep study.

| | |
|---|---|
| Risk level | ☐ High ☐ Low |

## EPWORTH SLEEPINESS SCALE (ESS)

0 – Would never dose off  1 – Slight chance of dosing off  2 – Moderate chance of dosing off  3 – High chance of dosing off

| | |
|---|---|
| Sitting and reading | ☐ 0 ☐ 1 ☐ 2 ☐ 3 |
| Watching TV | ☐ 0 ☐ 1 ☐ 2 ☐ 3 |
| Sitting, inactive in a public place (e.g. a waiting room, 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 lunch without alcohol | ☐ 0 ☐ 1 ☐ 2 ☐ 3 |
| In a car, while stopped for a few minutes in traffic | ☐ 0 ☐ 1 ☐ 2 ☐ 3 |

NOTE: An ESS of seven or less requires a consultation with a Sleep Physician prior to conducting a bulk-billed sleep study.

Reference: STOP Questionnaire (Chung F et al, Anaesthesiology. May 2008; 108(5):812-21).



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