

PATIENT DETAILS

Title: Full name:

DOB: Gender: Pension Number:

Address:

Phone number: Drivers Licence Type:

Medicare Card No: Ref No: Expiry:

STOP BANG Questionnaire		Yes or No for each question
S)nore	Do you snore?	<input type="text"/>
T)ired	Do you feel fatigued during the day AND / OR do you wake feeling like you haven't slept?	<input type="text"/>
O)bstruction	Have you been told you stop breathing at night AND / OR do you wake choking or gasping for air?	<input type="text"/>
P)ressure	Do you have high blood pressure AND / OR are you on blood pressure medications?	<input type="text"/>
If yes to 2 or more questions above at risk of OSA		
B)MI Body Mass Index	Height cm <input type="text"/> Weight kg <input type="text"/>	Is your BMI > 35 kg/m ² ? <input type="text"/>
A)ge	Are you 50 or more years old?	<input type="text"/>
N)eck	Do you have a neck circumference >40cm?	<input type="text"/>
G)ender	Are you male?	<input type="text"/>
TOTAL questions answered YES =		<input type="text"/>

The more questions answered yes in the BANG portion, the higher the risk of having moderate to severe OSA.

EPWORTH sleepiness scale (Score 0-3 for each situation)

What are the chances of you dozing off or falling asleep in the below scenarios? Feeling tired is not counted. The situations refer to your life recently. *If you have not been doing some of these activities, decide how they would have affected you.* Choose the most appropriate number from the following scale for each scenario.

0 = No chance of dozing 1 = Slight chance of dozing 2 = Moderate chance of dozing 3 = high chance of dozing

Sitting Reading	<input type="text"/>	Lying down in the afternoon when circumstances allow	<input type="text"/>
Watching TV	<input type="text"/>	Sitting and talking to someone	<input type="text"/>
Sitting inactive in a public place (e.g. meeting or theatre)	<input type="text"/>	Sitting quietly after lunch without alcohol	<input type="text"/>
Sitting in a car as a passenger for an hour without a break	<input type="text"/>	Sitting in a car stopped in traffic for a few minutes	<input type="text"/>

Total score for the above situations: 0-10 Normal range, 11-14 Mild sleepiness, 15-17 Moderate sleepiness, >18 Severe sleepiness

Total Score

HOBART	LAUNCESTON	DEVONPORT
Suite 1,GF, 2-8 Kirksway Place, Battery Point, 7004	Suite 16, 2 Innocent St, Kings Meadows, 7249	Lauriston Arcade, 126 Best St, Devonport, 7310
Ph 1300 731 615	Ph 03 6343 1904	Ph 03 6423 2745

Please complete the above questionnaires with your patient. If they answer Yes to **3** or more questions in the STOP BANG AND score 8 or more with the ESS they are eligible for an ambulatory in home sleep study to be billed through Medicare WITHOUT seeing a sleep or respiratory physician first and this will be organised promptly.

If they do not answer Yes to **3** or more STOP BANG questions AND score 8 or more on the ESS, a sleep or respiratory physician needs to review the patient prior to any home sleep study due to Medicare requirements.

SERVICE REQUESTED

Diagnostic Home Sleep Study - to confirm diagnosis of Obstructive Sleep Apnoea and/or specialist consultation where deemed appropriate.

Patient Presentation

Excessive daytime sleepiness?	<input type="checkbox"/>	Insomnia?	<input type="checkbox"/>
Nocturia?	<input type="checkbox"/>	Congestive Heart Failure?	<input type="checkbox"/>
Depression?	<input type="checkbox"/>	*Narcolepsy?	<input type="checkbox"/>
Hypertension?	<input type="checkbox"/>	*Abnormal Movements in sleep?	<input type="checkbox"/>
Type 2 Diabetes?	<input type="checkbox"/>		

*Narcolepsy and parasomnias cannot be accurately diagnosed on an ambulatory study and will be redirected to a sleep physician

CLINICAL HISTORY (INCLUDING DETAILS OF ANY MOTOR VEHICLE ACCIDENTS AND OF ANY EPISODES OF FALLING ASLEEP WHILST DRIVING)

CURRENT MEDICATIONS

REFERRING DOCTOR

Full Name:

Address:

Provider Number: Signed: Referral Date:

Email: info@healthdynamics.com.au Fax: 03 4206 7880 HealthLink ID: hlthdtas

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