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TUGGERANONG / BONYTHON - Contact Phillip Clinic to book
 BRUCE: (02) 6201 5843 • Faculty of Health Clinics, University of Canberra
 Health Hub, Level C • Cnr Ginninderra Drive & Allawoona Street
 • Fax (02) 6201 5666 • Email: healthclinic@canberra.edu.au

• Website: 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: 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 4)
- 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 / /

Sign and date
this section.

Copy to

REFERRAL FORM

Assessment at the time of referral is preferred

To be eligible for a home sleep study without seeing a Sleep Physician face-to-face 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 try to work out how they would have affected you.

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
TOTAL (add all the responses)				

And to be eligible for a home sleep study without seeing a Sleep Physician face-to-face a score of 4 or more must be recorded.

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