

Appointment Date: Time:

Location:

Patient Name:

Address:

DOB:

Phone:

Gender: M / F

Sleep Investigations

- ☐ Home sleep study & sleep physician consultations (if necessary)

Symptoms

- ☐ Snoring
- ☐ Excessive Daytime Sleepiness
- ☐ Witnessed Apnea
- ☐ Waking Unrefreshed
- ☐ Morning Headache
- ☐ Restless Sleep
- ☐ Nocturia

Relevant Medical Conditions

- ☐ Hypertension
- ☐ Cardiac Failure/IHD
- ☐ Stroke/TIA
- ☐ Atrial Fibrillation
- ☐ Obesity
- ☐ Family History of OSA
- ☐ COPD ☐ Diabetes

All Medicare subsidised studies must meet the approved criteria (back) in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician.

Lung Function Tests

- ☐ Spirometry with bronchodilator responsiveness and diffusion capacity (DLCO) with hemoglobin correction
- ☐ Spirometry with bronchodilator responsiveness
- ☐ Mannitol bronchial provocation testing
- ☐ Maximum pressures (MIPs and MEPs)

Referring Doctor: Provider No.

Address:

Signature: Date:

Copy to:

Screening Questions

ESS Questionnaire

How likely are you to fall asleep while completing the following tasks?

Use the following scale to choose the most appropriate answer:
0-No chance 1-Slight chance 2-Moderate chance 3-High chance

Watching television	
Sitting and reading	
Sitting inactive, in a public space	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
As a passenger in a car for an hour without a break	
In a car, while stopped for a few minutes in traffic	
Total Score	

STOP BANG Questionnaire

A minimum of 4 positive response are required: tick for Yes or No

Do you Snore loudly (loud enough to be heard through closed doors)	Y / N
Do you often feel Tired, fatigued, or sleepy during the day	Y / N
Has anyone Observed you stop breathing or choking/gasping during your sleep?	Y / N
Is your Body mass index more than 35 kg/m2	Y / N
Is your Neck size large: For male, is your shirt collar 17 inches / 43cm or larger? For female, is your shirt collar 16 inches / 41cm or larger	Y / N
Do you have or are you being treated for high blood Pressure	Y / N
Are you Aged older than 50?	Y / N
Total "Yes" Answers	

Lung Function Test Preparation

All patients are asked to refrain from the following on the day before all tests

Smoking
Consuming alcohol or caffeinated drinks
Performing vigorous exercise
Eating a large meal
Wearing restrictive clothing

Bronchodilator Medication withholding times

All patients are asked to refrain from the following before lung function testing

SABA (e.g., albuterol or salbutamol/ventolin)	4-6 hours
SABA (e.g., ipratropium bromide)	12 hours
LABA (e.g., formoterol or salmeterol)	24 hours
Ultra-LABA (e.g., indacaterol, vilanterol, orolodaterol)	36 hours
LAMA (e.g., tiotropium, umeclidinium, aclidinium, or glycopyrronium)	36-48 hours

Phone: 1300 122 888

Fax: 03 8080 0766

Email: contact@lungnsleep.com.au

Address: 1348 Sydney Road, Fawkner VIC 3060