

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: .....